

WTPSPA REGISTRATION FORM

Participant Name(s) _____

Address _____

City _____ State _____ Zip _____ e-mail _____ @ _____

Home phone () _____ Work phone () _____ Work phone #2() _____

Make T.A. check payable to _____ family and _____ Parochial School

Certificates will be ordered at the designated office of the WTPSPA.

THE PARTICIPANT HAS READ, DOES UNDERSTAND AND WILL ABIDE BY THE GENERAL POLICIES OF THE WTPSPA TUITION ASSISTANCE INCENTIVE PROGRAM. THE PARTICIPANT FURTHER UNDERSTANDS THAT E-MAIL IS THE OFFICIAL COMMUNICATION METHOD OF THE WTPSPA AND THAT NOTICES, PROCEDURES, POLICIES AND DATES WILL BE DISTRIBUTED FROM THE E-MAIL ADDRESS wtpspa@yahoo.com

Signature _____

Printed name _____

Date _____