The Children's Tuition Fund School Registration 2021-2022

School Name:			Phone#:
Street Address:	City	:	State: PA Zip:
County:	Participating Tax Credit Programs: EITC OSTC PKTC		
Administrator:	Email:		
School CTF Contact:	Title:		
School CTF Contact Email*:			
*AII c	orrespondence from CTF w	ill be sent to this email addres	s
Does your school offer any financial aid other than EITC/PKTC/OSTC Scholarships? YES NO			
Does your school use a third-pa qualify families to receive EITC/ funds?	-		financial aid charged an er by your school or a
Yes* No _		Yes	No
*If yes, name of third-party vend	or:	Fee Amount? \$	(Needed for state reporting purposes)
(Pre-K only) Attached to the Terms of Agreement: Our school students' education. We understar be verified through a third-party ve disbursement of funds are made to the We acknowledge that continued page 1.	wishes to participate and that CTF requires so and eligibility fro our school.	with The Children's Tuing student eligibility in the Emmethe methe vendor be supplied.	tion Fund to assist in our EITC/PKTC/OSTC programs ed to CTF before
conditions of eligibility and remaining monitor the situation and report to program. Should any conditions of inform CTF.	ng current regarding t CTF any conditions th	heir financial obligation hat would disqualify the	to the school. We agree to family from participation in this
As allowed under each state prograschool if funds are going to expire	•	•	redistributed to another
Finally, we certify the above information to be correct and agree to the terms outlined.			
Name: Administrator or E	Equivalent		
Signature:		Date:	

Administrator or Equivalent