

**The Children's Tuition Fund
School Registration
2022-2023**

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*: _____

*All correspondence from CTF will be sent to this email address

Does your school offer any financial aid other than EITC/PKTC/OSTC Scholarships? YES ___ NO ___

<p>Does your school use a third-party vendor to qualify families to receive EITC/PKTC/OSTC funds?</p> <p style="text-align: center;">Yes* ___ No ___</p> <p>*If yes, name of third-party vendor: _____</p>	<p>Are families that apply for EITC/PKTC/OSTC financial aid charged an application fee either by your school or a third-party processor?</p> <p style="text-align: center;">Yes ___ No ___</p> <p>Fee Amount? \$ _____ (Needed for state reporting purposes)</p>
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(Pre-K only) ___ Attached to this registration form is the signed, current year Curriculum Alignment Letter.

Terms of Agreement: Our school wishes to participate with The Children's Tuition Fund to assist in our students' education. We understand that CTF requires student eligibility in the EITC/PKTC/OSTC programs be verified through a third-party vendor and eligibility from the vendor be supplied to CTF before disbursement of funds are made to our school.

We acknowledge that continued payment by the CTF is contingent on the family maintaining the prescribed conditions of eligibility and remaining current regarding their financial obligation to the school. We agree to monitor the situation and report to CTF any conditions that would disqualify the family from participation in this program. Should any conditions occur, that would change the amount of the award given to the family we will inform CTF.

We acknowledge that we have read the Children's Tuition Fund School Registration Information

As allowed under each state program, funds designated to your school may be redistributed to another school if funds are going to expire or cannot be used by your school.

Finally, we certify the above information to be correct and agree to the terms outlined.

Name: _____
Administrator or Equivalent

Signature: _____
Administrator or Equivalent

Date: _____