



# ALL SAINTS CATHOLIC SCHOOL

Growing Leaders in Mind, Body, and Spirit

Dear All Saints Families,

As many of you know, All Saints Catholic School participates in the Scrip program, which is a tremendous way to support our school AND reduce your tuition expenses. We are once again very excited to offer this program to our families. There are two forms you are required to complete to participate in the All Saints Catholic School Scrip Program.

The first form we need is the **Scrip Program Agreement**. This form provides us direction as to how you want your eligible Scrip rebates handled. There are currently three (3) available options for disbursement of your 50% rebate.

1. You may apply it to your student(s) tuition as a credit on next year's tuition. As in year's past, this will show up as a credit on your tuition invoice.
2. You may give the full amount back to All Saints Catholic School as a charitable contribution and will receive a tax receipt for this donation.
3. You may request a check be sent home once all Scrip rebates are processed (usually in late May, early June).

This form is kept on file throughout your participation in the program. It can be changed at any time simply by completing a new form.

The second form we need on file is the **All Saints Catholic School Scrip Pick-Up Waiver Form**. This form authorizes ASCS to send your Scrip order home via your child's backpack versus requiring an in-person pick up. You may also designate an alternate individual to pick up your Scrip order if you so choose. This form is must be completed on an annual basis.

We appreciate your support of the Scrip Program, a program that has been highly beneficial for our school and many families within our community! If you have any questions, please feel free to email me at [kstrausbaugh@allsaintscs.com](mailto:kstrausbaugh@allsaintscs.com).

God Bless,

*Kristen Strausbaugh*

Kristen Strausbaugh  
Principal



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## SCRIP PROGRAM AGREEMENT

All Saints Catholic School (referred to herein as “we,” “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, cash back to you, and/or a gift to the school. The parties agree as follows:

1. Rebates earned will be used in the following ways:
  - a. [ 50 ] % will be retained for running the scrip program (NOT deductible)
  - b. \_\_\_\_\_ % as a charitable contribution to the school (potentially deductible)
  - c. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - d. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - e. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - f. \_\_\_\_\_ % as tuition credit for the following school family: \_\_\_\_\_
  - g. \_\_\_\_\_ % as a cash rebate to you (NOT deductible)

**Total: 100%**

Our scrip program distributes the rebates one time a year in the month of May.

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either of us upon 60 day’s advance notice to the other.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser’s Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(referred to herein as “you” and “your”)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

ACKNOWLEDGE: All Saints Catholic School

By: Kristen Strausbaugh, Principal

[Authorized Person’s Name & Title]

Date: April 1, 2019



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2019-2020 SCRIP Pick-Up Authorization Form

I, \_\_\_\_\_ (please print), authorize All Saints Catholic School to send my SCRIP order home with my child, \_\_\_\_\_ in Mr./Mrs. \_\_\_\_\_'s class, grade \_\_\_\_\_. I understand that this authorization will be kept on file and will be in effect until other written instructions are received. I understand that SCRIP is like cash and cannot be replaced or refunded if lost or stolen. I also understand that by signing this agreement, I will not be required to provide a signature confirming receipt and accuracy of my SCRIP order. I understand that I may revoke this authorization in writing at any time. I agree to these terms with my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date