

TUITION REDUCTION INCENTIVE PROGRAM

ZEELAND CHRISTIAN SCHOOL – TRIP

1. Participant Name(s)_____ Phone_____

Address_____

2. I am a _____Future family _____Current Family

3. Direct my earning to (check one)

{ } My personal tuition account

{ } Family of _____ Confidential Yes or No

{ } General Assistance Fund

4. BANK DISCLAIMER: I would like my certificates to be brought to Macatawa Bank.

Participant Signature_____ Date_____

5. I (we) have read, understand and will abide by the general policies of the Zeeland Christian School-TRIP program.

Signature_____ Date_____

ZCS # _____

FUTURE SCHOOL FAMILY # _____