



Mount Olive Lutheran SCRIP Enrollment Form

First & Last Name(s)

Phone Number

Mailbox #

Address

City

State

Zip

Email Address

Please choose **ONLY ONE** of the options below.

- I choose my SCRIP earnings to be credited to my family as a tuition credit.
- I choose my SCRIP earnings to be credited to another family listed:

(All families designated for SCRIP earnings must be enrolled in the program to receive rebate credits)

- I choose my SCRIP earnings to go to Mount Olive Tuition Assistance Fund.
- I choose my SCRIP earnings to go to Mount Olive General Fund.
- I choose my SCRIP earnings to go to Mount Olive Forward in Faith Fund.
- I choose my SCRIP earnings to be paid back to my family in the form of an annual cash payout.

I have read and understand the policies and guidelines listed above, and I agree to abide by these policies.

Name

Date