

**Hillcrest Academy SCRIP Registration Form**

Complete & submit this form with your first order.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

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**I designate my earnings to go to ONE of the following:**

\_\_\_\_\_ My own family's tuition or student fundraiser account at Hillcrest

\_\_\_\_\_ Donate my SCRIP earnings to the account of (select a student or family):

\_\_\_\_\_

Would you like the above information to remain confidential? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Hillcrest Academy Student Aid Fund

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Signed \_\_\_\_\_

Date \_\_\_\_\_