

CERTIFICATION FORM

\$250.00 TUITION CREDIT FOR UNION CATHOLIC ALUMNI/ALUMNAE

(This form needs to be completed once, not annually, for each incoming student)

This Portion to be Completed by the Alum	
Alum's Name (include maiden name if applicable)	Year Graduated
Street Address, City, State, Zip	Phone Number
Name(s) of Registered Student(s) at Union Catholic	
***************	*******
This Portion to be Completed by the Registrar	
I certify that the above named alum is a graduate of Union Catho	lic Regional High School.
Registrar's name	Date
***************	*******
This Portion to be Completed by Union Catholic Regional High	School's Principal
This alum is eligible for Union Catholic's Alum tuition credit of child who is a registered student at Union Catholic.	\$250.00 for his/her
Principal's name	Date