

Youth members, do you know about our **TAP Program**? Combined with funding for the REAP Program, more than \$35,000 in tuition assistance is awarded annually.

## TAP (Tuition Assistance Program)

Apply for a \$250 tuition reimbursement! We award 125 annually.

**Deadline: Postmarked by June 30**

You are:

- a COF member
- attending a Catholic school
- in grades K-12

**Eligibility to apply is immediate upon becoming a COF member.<sup>1</sup>** Complete and mail the application form on the right.

**Winners are chosen in July by a random drawing.** Award recipients will be notified and asked to submit attendance verification. Once verification is received, a check will be mailed directly to the parent or guardian named on the TAP Application.

**Apply again and again.** Win or lose, COF youth members may reapply next year and every year they meet eligibility requirements and are enrolled in a Catholic school, grades K-12.

**With questions,** contact Judy James at [jjames@catholicforester.org](mailto:jjames@catholicforester.org) or 800-552-0145.

After printing and signing, mail application to **TAP Program, Catholic Order of Foresters, PO Box 3012, Naperville, IL 60566-7012** or scan and email to [jjames@catholicforester.org](mailto:jjames@catholicforester.org).

<sup>1</sup> Entrant must be a member in good standing.

# TAP APPLICATION

For youth members attending a **Catholic school** during the upcoming school year.

## YOUTH MEMBER INFORMATION

\_\_\_\_\_  
YOUTH MEMBER'S FULL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
PARENT/GUARDIAN'S EMAIL

\_\_\_\_\_  
APPLICANT'S COURT NUMBER

## CATHOLIC SCHOOL INFORMATION

\_\_\_\_\_  
GRADE ATTENDING IN FALL

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
SCHOOL ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
SCHOOL PHONE

\_\_\_\_\_  
SCHOOL OFFICE EMAIL

## PARENT/GUARDIAN APPROVAL

**I certify that the above information is complete and correct. If my child wins, the tuition reimbursement check will be made payable to:**

\_\_\_\_\_  
PARENT/GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PR-229-T (9/17) 17-04-030

(Cut here and return the application to the Home Office in an envelope)