

**Central Lutheran School**  
900 Green Street, New Haven, IN 46774  
Email: [Clsscrip@cluth.org](mailto:Clsscrip@cluth.org)

**Scrip Program Agreement**

Central Lutheran School (referred to herein as CLS) sponsors a SCRIP Program which promotes the purchase of SCRIP cards/certificates. SCRIP purchased through the CLS program generates rebates from the participating retailers. These rebates can be used as credit toward a CLS Student's Tuition, CLS Athletic Department, CLS Tuition Assistance, Emanuel Lutheran Church, Martini Lutheran Church, St. Paul Lutheran Church or Family Cash Rebate.

**TERMS AND CONDITIONS:**

1. CLS will retain a portion of the rebates received from SCRIP purchases as an administrative fee.
  - CLS will retain 50% of the rebate profit for the betterment of Central Lutheran School.
  - The remaining 50% will be credited to the purchaser's chosen account. (See list below).
2. CLS will apply the balance of the purchaser's rebates per one of the following choices:
  - CLS Tuition Assistance, CLS Athletic Department, CLS Student Tuition, Emanuel Lutheran Church, Martini Lutheran Church, St Paul Lutheran Church, or Family Cash Rebate.
  - The CLS school board will work with families on a case-by-case basis when a rebate exceeds the amount due for the designated account chosen by that family.
3. The twelve month accumulation period begins May 1st and ends April 30th.
4. CLS SCRIP Program distributes the rebates one time per year, normally in May.
5. The purchaser agrees to indemnify CLS against any loss incurred in conjunction with there being insufficient funds to cover the checks or Raise Right issued to pay for SCRIP.
6. The purchaser agrees to pay CLS the full face value plus \$25 for each returned NFS check used to purchase SCRIP.
7. The purchaser agrees to pay CLS the full face value plus \$30 for NFS when using Presto Pay on RaiseRight.com
8. The purchaser agrees that cards purchased are to be treated as cash. No refund by CLS will be issued if a card is lost or stolen.
9. No refunds will be made is a retailer goes out of business.
10. No exchanges will be made unless an error has occurred by CLS representatives.
11. This agreement continues until replaced by another, and can be terminated by either party. This agreement needs to be replaced yearly.

**Please sign and date below to indicate your acknowledgement of the agreement.**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Printed Name: \_\_\_\_\_

On behalf of CLS: \_\_\_\_\_ Date: \_\_\_\_\_

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**Scrip Purchaser's Information**

(Please Print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Would you like to receive promotional emails from Raise Right? \_\_\_yes \_\_\_no

**APPLY REBATE TO (CHECK ONE)**

\_\_\_ Emanuel Church                      \_\_\_ Martini Church                      \_\_\_ St Paul Church

\_\_\_ Cash Rebate                              \_\_\_ CLS Student Tuition (complete section below)

\_\_\_ Tuition Assistance                      \_\_\_ CLS Athletic Dept.

\_\_\_ CLS Capital Improvements              \_\_\_ Teacher's Classroom \_\_\_\_\_

Teacher's Name

**FAMILY (OR FAMILIES) TO RECEIVE STUDENT TUITION CREDIT**

\_\_\_ My Family:

Student(s) currently attend CLS

Name(s): \_\_\_\_\_

Student(s) will attend CLS in the future

\_\_\_ Other Family (if donating to another family, please complete below)

Student(s) currently attend CLS

Name(s): \_\_\_\_\_

Student(s) will attend CLS in the future