

**STUDENT/PARTNER ALLIANCE
PARTNER COMMITMENT FORM
School Year 2011-2012**

1. I commit to support a student for four years of high school as a
 Partner (time & money) Sponsor (money only) Mentor (time only)
2. I will contribute the full tuition for the student I am supporting. (See tuition rates below)
 I will contribute _____ each year towards a student's tuition (minimum \$1,500 per year)
 My company will match my donation. Form enclosed Company _____
3. I choose to sponsor a: boy girl either
4. I prefer to support a student at: St. Anthony's HS St. Benedict's Prep St. Patrick's HS
 Immaculate Conception HS Marylawn of the Oranges Marist HS
 St. Vincent's Academy Christ the King Preparatory Hudson Catholic Regional HS
5. Enclosed is my check for the full amount.
 I prefer to pay in quarterly semi-annual installments.
 Other _____

Please mail your tax deductible contribution to: Student/Partner Alliance, P.O. Box 566, Millburn, NJ 07041

SPONSOR INFORMATION

Please supply all information requested.

Sponsor Name: _____ Employer: _____
 Address: _____ Address: _____
 City/State/Zip: _____ _____
 Phone: _____ Work#: _____
 Email: _____ Fax: _____
 Signature: _____ Date: _____

ANNUAL TUITION RATES*:

St. Anthony's H.S. in Jersey City (coed): \$4,700	Immaculate Conception H.S. (coed): \$7,300
St. Benedict's Preparatory (boys): \$8,000	Marist H.S. Bayonne (coed): \$7,100
Christ the King Preparatory (coed): \$2,500	Marylawn of the Oranges (girls): \$6,750
Hudson Catholic Regional (boys) \$7,700	St. Patrick's H.S. Elizabeth (coed): \$5,100
St. Vincent's Academy in Newark (girls): \$4,700	

*as of 2010

The Student/Partner Alliance requires that all Partners complete this form. Please complete both pages and return it to us at: Student/Partner Alliance, PO Box 566, Millburn, NJ 07041

Personal Data

Name _____ Date of Birth _____
Address _____ Home Phone# _____
City/State/Zip _____ Cell Phone# _____
Email Address: _____ Referred by _____

Educational Background

College attended _____ Year(s) completed _____
Degree received _____
Professional Graduate School(s) attended. Year(s) completed _____
(if applicable) _____ Degree(s) received _____

Occupational Information

Employer _____ Position _____
Address _____ Phone# _____
City/State/Zip _____ Email Address _____
Date employed _____

General Information

Have you ever been arrested or convicted of any fellow within the past seven years? (If yes, please explain)

Are you or have you ever been the subject of an indicated child abuse and maltreatment report on file with any Registry of Child Abuse and Maltreatment, or have you been penalized for maltreatment of a child? (if yes, please explain.)

Outline any extended hospitalizations: (specifically for treatment of drug or alcohol abuse or mental illness.)

References:

Please provide the names of two people we can contact for references, including at least one work or school-related reference. Do not include relatives.

1. Name _____
Affiliation _____
Address _____
Phone (_____) _____

2. Name _____
Affiliation _____
Address _____
Phone (_____) _____

The information contained in this update form will not be disclosed to persons or institutions outside of the Student/Partner Alliance unless required by law.

I declare that the information provided in my application is true, correct, and complete to the best of my knowledge.

Name (print) _____ Date _____

Signature _____