

MVL SCRIP PROGRAM - ENROLLMENT FORM



Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell _____

Email Address _____

I am aware that 60% of the profits from my purchases will go to the MVL General Operation budget each month. Please put the remaining 40% toward:

_____ MVL's Tuition Assistance Fund

_____ MVL's General Fund

_____ My family's tuition account

_____ The tuition account of _____
(name of specific family)

_____ Future family account

Parent's full name (if other than you): _____

Child's full name: _____

Year child will enroll at MVL: _____

Signed: _____ Date: _____

Thank you for your support in MVL's mission of training students for Christian lives!