

**STUDENT/PARTNER ALLIANCE
PARTNER COMMITMENT FORM
School Year 2010-2011**

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 ____ St. Mary's HS ____ 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
St. Benedict's Preparatory (boys): \$8,000
Christ the King Preparatory (coed): \$2,500
Hudson Catholic Regional (boys) \$7,700
Immaculate Conception H.S. (coed): \$7,300

Marist H.S. Bayonne (coed): \$7,100
Marylawn of the Oranges (girls): \$6,750
St. Mary's in Jersey City (coed): \$4,200
St. Patrick's H.S. Elizabeth (coed): \$5,100
St. Vincent's Academy in Newark (girls): \$4,700

PARTNER UPDATE FORM

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# _____
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 _____ 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 _____