

Angel Wings Program College Registration Form

Account Name (Adult's name) _____

Student Name: _____

College Name: _____

- 1.) Please Attach proof of 501c3 status of your college to this form.
- 2.) The check must be written out directly to your college and cannot be made out to the family. Please verify who the check should be written out to and list it below. At time of payout, you will need to pick up the check from the Holy Angels School Office and send it to the finance office at your college to be applied to your tuition account there.

Name on Check : _____

All participants must complete this statement:

I have read, understand, and will abide by the Angel Wings Guidelines & Policies.

Participant's Signature

Date