

The Pledging Tree Foundation

TPTF Enrollment Application Form

(Please complete all sections, print, sign, and mail with all evidences to address listed below. Application without the sufficient evidence will not be processed. Due to the sensitive nature of the contents, please do not return via e-mail.)

Date of Application

Selection Notification: <i>(for foundation use only)</i>	Mail Your Application To:
Selected candidate family will be notified by mail.	The Pledging Tree Foundation 3947 West Lincoln Hwy Suite 184 Downingtown PA 19335

PART A:

Your Information			
First	Middle	Surname(s) / Family Name(s)	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other	No. of children living with you:	Children's Age: <i>(Write all separated with comma)</i>	
Home Phone Number	Work Phone Number	Mobile Phone Number	<input type="checkbox"/> M <input type="checkbox"/> F
Best Time to Call:	Best Time to Call:	Best Time to Call:	Date of Birth
Social Security Number	Current Occupation	Students specify school, level of study E-Mail Address	
Your Spouse Information			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	
Does he/she live with you?	Current Occupation	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Current Mailing Address <i>(All information will be sent to this address unless you notify us of a change)</i>			
Address			
City	State/Province	ZIP Code	

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Eligibility Information

To be eligible for the Pledging Tree Foundation program, applicants must meet all the following criteria:

1. Applicant must be a legal U.S. citizen or permanent resident alien and must be of age 21 or older. Multiple applications from the same household (same street address) will not be accepted. Do you meet this criterion? Yes No

2. The annual household income from all sources must be less than or equal to \$40,000 (1-2 adults & 1-2 children or no children \$40,000: Add \$2,500 for each additional dependent). Do you meet this criterion? Yes No.

If yes please attach copy of the followings with your application (Check box to confirm)

- Copy of Driver License Copy of last two pay stubs
 Tax Return Forms (1040) from previous year with all schedules attached

PART B:

Your Personal Statement

Describe what makes you think that you are the most qualified candidate for enrollment with The Pledging Tree? Use additional pages, if required.

What is your motivation for joining a savings program like The Pledging Tree?

Have you enrolled or are enrolled in any other matching program? If so, please list.

What is your savings goal? (*What is it that you are saving for?*)

- College (529 Plan) Retirement (Roth IRA)
 Buying a house (Savings account) Buying a car (Savings account)
 Become debt-free (Savings account) Other: (please specify) _____

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If enrolled, do you think you can meet the following criteria?

1. Do you intend to save the average amount you saved during the enrollment **after** your enrollment has ended?
 Yes No
2. To measure its success, TPTF will require families to share their saving habits for two years after the enrollment period has ended. Are you willing to share your saving habits by sending a copy of your bank statement/investment account summary once a year? Yes No
3. Are you willing to adapt and use the methods taught during the financial education training/workshop component of the TPTF? Yes No
4. TPTF will provide one-on-one financial counseling each quarter. Can you commit to attending all four sessions during your one-year enrollment? Yes No
5. Will you teach your children the same saving habits as you have learned? Yes No

What are your expectations from the program and how to you expect to achieve these expectations?

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PART C:

Applicant's Commitment

I, the undersigned applicant for The Pledging Tree Foundation (TPTF), do hereby agree and certify that if I am selected as a recipient:

1. I pledge to fulfill the long-term disciplined savings approach for a better future.
2. I understand the contribution and matching process outlined by TPTF. I will not withdraw saved funds before the enrollment period ends. If I withdraw funds before the enrollment period, it may result the reduction of saving points and reduced matched funds.
3. If I decide to voluntarily withdraw from the program, I will forfeit any claim on the matching funds from TPTF.
4. I will abide by all the rules and guidelines as interpreted by TPTF. I understand that the decision of TPTF is final in the interpretation of rules and guidelines. If the interpretation results in the cancellation of enrollment, I will forfeit any claim on the matching funds from TPTF.
5. I will sign TPTF's standard program enrollment documents including, without limitation, a Privacy Notice, a Release and Limitation on Liability Agreement. I also understand that providing a false certification to any of the statements above will result the cancellation of my enrollment with the program and I will forfeit any claim on the matching funds from TPTF.

Signature of Applicant

Date:

Applicant Name, Printed

PART D:

The Pledging Tree Foundation Approval

For Foundation use only. Applicants do not write anything in this section

Based on all the eligibility criteria, the following decision has been made:

Approved Denied

Approving Authority

Date:

Chairman, Family Enrollment Selection Committee