



# St. John the Baptist Catholic School

IN WITNESS WHEREOF, the undersigned has executed this Joinder to Limited Partnership Agreement of Scholarship Our Students Fund as of the date set forth below next to the undersigned's signature.

**IF AN INDIVIDUAL OR 2 INDIVIDUALS SIGNING JOINTLY:**

**IF A LEGAL ENTITY:**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name of legal entity

\_\_\_\_\_  
Signature of person's whose name is printed above

\_\_\_\_\_  
Signature of legal entity

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of person's whose name is printed above

DATE: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

<p>AMOUNT OF INITIAL CAPITAL CONTRIBUTION (due upon acceptance):</p> <p>\$ _____</p> <p>NOTE: Minimum of \$3,500 unless General Partner determines otherwise</p>	<p>AMOUNT OF SECOND CAPITAL CONTRIBUTION (due at General Partner's request)</p> <p>\$ _____</p> <p>NOTE: Same amount as Initial Capital Contribution</p>
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**OPTIONAL:** General Partner is to use my Capital Contributions for children attending the following EITC/OSTC qualified schools:

Name of School: St. John the Baptist Catholic School Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

IF THE ABOVE OPTIONAL DIRECTION IS LEFT BLANK, Capital Contributions will be regarded as undesignated by the General Partner.

Randy Tarpey, in his capacity as General Partner of the Partnership, hereby accepts this Joinder and admits the party or parties identified above as a Limited Partner of the Partnership as of the date set forth next to the signature below.

**SCHOLARSHIP OUR STUDENTS FUND**

DATE: \_\_\_\_\_

By: \_\_\_\_\_  
Randy Tarpey, General Partner

Scholarship Our Students Fund  
Central Pennsylvania Scholarship Fund  
Attn: Tami Clark or Randy Tarpey  
227 Jefferson Avenue  
Tyrone, PA 16686