CBBT EDUCATIONAL TOLL FUND STUDENT REGISTRATION

REGISTRATION DATE: _____

STUDENT'S NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DAILY COMMUTING SCHEDULE (please circle): M T W Th F S Su

TYPE OF DEGREE/CERTIFICATE: _____

SCHOOL ATTENDING: _____

SIGNATURE: _____

- *Please include your class schedule showing name and days of week each semester.*
- *Students with commutes of 4 days or more each week will be reimbursed monthly; all others at end of semester.*
- *Please indicate whether you want your check mailed or you wish to pick it up when you are notified it is ready?*
  MAIL____ PICK UP____