



2025

Central Pennsylvania Scholarship Fund
(814) 942-4406
centralpascholarshipfund@gmail.com

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:

Print name

Signature of person's whose name is printed above

Print name

Signature of person's whose name is printed above

DATE: _____

Mailing Address

Email address

Social Security #

Social Security #

AMOUNT OF INITIAL CAPITAL CONTRIBUTION (due upon acceptance):

\$ _____

NOTE: Minimum of \$3,500 unless General Partner determines otherwise

IF A LEGAL ENTITY:

Print name of legal entity

AMOUNT OF SECOND CAPITAL CONTRIBUTION (due at General Partner's request)

\$ _____

NOTE: Same amount as Initial Capital Contribution

OPTIONAL: General Partner is to use my Capital Contributions for children attending the following EITC/OSTC qualified schools:

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

Make Check Payable to:
Send Checks to:

Scholarship Our Students Fund Central
Pennsylvania Scholarship Fund

Attn: Tami Clark or Randy
Tarpey 227 Jefferson Avenue
Tyrone, PA 16686