

# THE SPECTRUM SCRIP PROGRAM: *STAFF/TEACHERS/COACHES*

## SCRIP PROGRAM AGREEMENT

The Spectrum Scrip Program (referred to herein as “we,” “us” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to certain allowable Spectrum fees, cash back to you, and/or a gift to the school. The parties agree as follows:

1. Rebates earned will be used in the following ways:
  - a. 8% will be retained as an **Administrative Fee** for running the scrip program (NOT tax deductible). This amount may be adjusted as the program matures.
  - b. 46% will be retained for the **Spectrum Account** *EITHER (check one)*:
    - i.  The Athletic Department Operating Budget (**all athletic families are required** to use this designation for the year if ANY student participate in ANY Spectrum sport, coop or otherwise, for any season in the school year). NOT tax deductible.
    - OR-**
    - ii.  The Service Learning Budget (only available to families who participate in NO athletic teams, coop or otherwise, during the school year. These families may still select the designation of Athletic Department, if they choose.) NOT tax deductible.
  - c. 46% will be placed into a GENERIC **Family Account** designated by you.

**IMPORTANT:** Distributions, in the form of reimbursement checks, will occur at various points during the year. We will send an EMAIL to notify you BEFORE a distribution is performed. Even if you *qualify* for that particular disbursement, you still need to *confirm* that you want one. **YOU MUST RESPOND TO THAT EMAIL IN ORDER TO GET A REIMBURSEMENT CHECK.** If we do not receive a response to that correspondence, then the distribution will not occur and the dollars will rollover to the next applicable distribution time. See separate guidance on Distributions for more details.

Currently, the approved distribution reasons include (but may change from time-to-time):

- i. Spectrum Spirit Wear. (NOT tax deductible.)
- ii. Training not otherwise covered. (**MAY BE tax deductible- ask tax advisor.**)
- iii. Classroom/team items not otherwise covered. (**MAY BE tax deductible- ask.**)
- iv. Charitable contribution to Spectrum High School. (**MAY BE tax deductible- ask.**)
- v. Cash Rebate to you (**only available at end of school year**). (NOT tax deductible.)

**TOTAL: 100% (a + b + c)**

**IMPORTANT: Read and Sign the page two of this agreement to make effective!**

## DISCLOSURES

**IMPORTANT:** Our scrip program is very new. We are a school that strives for continuous improvement. As such, please note that the following information may change without notice—though our every intention will be to notify and inform you well in advance of these changes. We expect to communicate the dates of our intended Distributions via email at least one week in advance of actual distribution. We will use email, and expect you to be responsible to check said email account on file with Scrip (not tied to school email).

With respect to your charitable contributions, if any, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient fund in your account to cover the checks or ACH transfers you issue to pay for your scrip. We make no representations or warranties of any kind with respect to the scrip. This agreement continue unless replaced by another, and can be terminated by either of us upon 60day's advance notice to the other.

**Please sign and date below to indicate your acknowledgement of this agreement.**

Purchaser's Signature: \_\_\_\_\_ (Represents the Family Account)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(referred to herein at "you" and "your")

Email: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If designating **YOUR ACCOUNT** to **ANOTHER** Family's Account (i.e. Grandparents, Aunts/Uncles, designating to a family at Spectrum.), please list those details below. A Spectrum Representative MAY call you if there are any questions on the details.

---

---

---

**ACKNOWLEDGED by a Spectrum Representative:**

Spectrum Rep. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spectrum Rep. Printed Name \_\_\_\_\_ Title/Position: \_\_\_\_\_

**Questions? Contact Brenda Schulze at [bschulze@spectrumhighschool.org](mailto:bschulze@spectrumhighschool.org), or call/text 612.910.3548**