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	
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):	AMOUNT OF SECOND CAPITAL CONTRIBUTION (due at General Partner's request)
\$	\$
NOTE: Minimum of \$3,500 unless General Partner determines otherwise	NOTE: Same amount as Initial Capital Contribution
<b>OPTIONAL</b> : General Partner is to use my Capital Cor EITC/OSTC qualified schools:	ntributions for children attending the following
Name of School: St. John the Baptist Catholic School	Amount \$
Name of School:	Amount \$
Name of School:	Amount \$
IF THE ABOVE OPTIONAL DIRECTION IS <u>LEFT BLA</u> undesignated by the General Partner.	NK, Capital Contributions will be regarded as
Randy Tarpey, in his capacity as General Partner of the admits the party or parties identified above as a Limite next to the signature below.	
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