## CollegeBound BABY

Rhode Island's investment in your child's future.

## CollegeBound*baby*<sup>™</sup> **\$100 Grant Enrollment Form**

Please return this completed and signed application, along with birth certificate or proof of adoption, to the **Office of the General Treasurer Attn: CollegeBound***baby*, **One Capitol Hill, 4th Floor, Providence, RI 02908.** Applications must be received within one year of birth or adoption for any child born or adopted between January 1, 2015 and June 30, 2021.

If you have any questions or need assistance, call 401.574.9144 or email collegeboundbaby@treasury.ri.gov.

## 1. Child's information

Child's First Name		(m.i.)
Child's Last Name		
Street Address		
City	State Zip Code	
Child's Social Security Number	Birth Date ( <i>mm/dd/yyyy</i> )	

## 2. Parent's information

First Name		(m.i.)
Last Name		
Street Address		
City	State Zip Code	
Birth Date <i>(mm/dd/yyyy)</i>		
Home Phone Number	Mobile Phone Number	-

Ethnicity (Optional) Select all that apply:	Education Level (Optional) Please select one:		
White	GED/high school diploma	Master's degree	
Hispanic or Latino	Some college	Doctorate degree	
Asian	Associate degree	Professional degree	
Black or African American	Bachelor's degree	N/A	
American Indian			
N/A			

I authorize the Office of the Rhode Island General Treasurer to contribute a \$100 grant into a CollegeBound Saver master account for my child and to send me information about the grant in the future. Questions? Please refer to the CollegeBound*baby* program description at **www.collegeboundbaby.com**.

SIGNATURE	
Signature of Parent	

Date (mm/dd/yyyy)		



State of Rhode Island Office of the General Treasurer Seth Magaziner



