

Ethnicity *(Optional)* Select all that apply:

- ☐ White
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian
- ☐ N/A

Education Level *(Optional)* Please select one:

- ☐ GED/high school diploma
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree
- ☐ Professional degree
- ☐ 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

