

Accepting applications for the 2024 - 2025 school term

## APPLICANT INFORMATION

Student name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Student's Age on September 10: \_\_\_\_\_

1. Name of School you are currently attending \_\_\_\_\_

2. Annual household income (Adjusted Gross Income from tax return)

- \$0 – 50,000
- \$50,000 – \$100,000
- Over \$100,000

3. Number of individuals in the household \_\_\_\_\_

4. Number of students in household attending private schools \_\_\_\_\_

5. Any catastrophic financial losses in the last year

- yes
- no

## ACADEMIC INFORMATION

School \_\_\_\_\_

School contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Grade \_\_\_\_\_

Bible Study Course \_\_\_\_\_

Last year attendance record (days absent) \_\_\_\_\_



Return application to:  
**Elevation Foundation**  
2743 Vaughn Road  
Great Falls, MT 59405

Elevation Foundation is a 501(c)(3) organization registered with the IRS.  
Phone: 406-899-7107 Email: [elevationfoundationmt@gmail.com](mailto:elevationfoundationmt@gmail.com)