Accepting applications for the 2026 - 2027 school term. Application Deadline **9/1/2026**

APPLICANT INFORMATION

Student name: _____

Parent/Guardian name: _____

Address: _____

Phone: _____

Student's Age on Sepember 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

6. How much other tuition assistance for this year _____

ACADEMIC INFORMATION

School _____

School contact person: _____

Phone: _____

City _____ State _____

Grade _____

Bible Study Course _____

Last year attendance record (days absent) _____

Parent or Guardian Signature: _____

Return application to:
Elevation Foundation
336 Vaughn S Frontage Rd
Great Falls, MT 59405

ELEVATION FOUNDATION

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