



CHURCH AID REQUEST FORM

STUDENT & PARENT

Please complete and submit to pastor or church board chairman by July 15

Student's Name (PLEASE PRINT)

Date

Please consider our request for church aid for the _____ **school year** at Mount Ellis Academy.

Student Signature

Parent Signature

PASTOR

Please complete and return to:

Mount Ellis Academy, 3641 Bozeman Trail Road -- Bozeman, MT 59715 (BY AUGUST 15)

The _____ church agrees to sponsor the above student at

Mount Ellis Academy for the _____ school year in the amount of \$_____.

I understand that MEA will match the amount of aid given by my church to a maximum of \$1,000 per year for dorm students and \$500 per year for day students.

Pastor's of Church Board Chairman's Signature

Date

Phone Number

___ Check enclosed

___ Please send invoice to our church treasurer at the following address:

