

MOUNT ELLIS ACADEMY CHURCH AID REQUEST FORM

(Complete and submit to pastor or church board chairman by July 15)

Student/Parent:

Student's Name _____ Date _____

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

Signed:

Student _____

Parent _____

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.

Signed _____ Date _____
Pastor or Church Board Chairman

Phone # _____

___ Check enclosed

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

