

SECTION A: LIFT PROGRAM APPLICATION FORM

To be completed by applicant and submitted immediately.

NOTE: All submissions become the property of the Salina Education Foundation and will not be returned. Please keep a copy for your records. Send this completed Section A to: michael.chambers@usd305.com

PART I:

LAST NAME FIRST MIDDLE INITIAL

MALE FEMALE

PERMANENT ADDRESS EMAIL

CITY STATE ZIP

PART II:

NAME OF CLOSEST RELATIVE RELATIONSHIP

ADDRESS EMAIL

CITY STATE ZIP

PART III:

HIGH SCHOOL ATTENDED YEAR OF GRADUATION

COLLEGE ATTENDING/PLANNING TO ATTEND ANTICIPATED YEAR OF GRADUATION

MAJOR TEACHING LEVEL
(PRESCHOOL, ELEMENTARY SCHOOL,
MIDDLE SCHOOL, HIGH SCHOOL)