

# ELEA School Extension Fund Application Form

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
(Including City, State and Zip Code)

Name and Affiliation of Congregation(s) \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Please provide answers to the following questions and attach to the Application Form:**

1. Purpose of school and whom it will serve
2. Plans for starting/expanding (which grades, when, expected enrollment, staff)
3. Long-range plans (when grades will be added, anticipated enrollment, size of staff)
4. Support (congregational subsidy, tuition, registration fees, etc.)
5. First year budget
6. Amount of request and how it will be used (\$1,000.00 maximum request)

**Obtain signatures from the following persons:**

School Board Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Congregational Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Pastor \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:**

**ELEA  
500 North Estrella Parkway  
Suite B2, Box 601  
Goodyear, AZ 85338**