

**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)