

**Due the 1<sup>st</sup> Thursday of the month  
in September and January**

**EDUCATION ALLOWANCE REQUEST FORM  
MONTANA CONFERENCE**

**SCHOOL TREASURER:** Please complete a separate form for each semester and submit to the Montana Conference Office.

Name of School: \_\_\_\_\_ School Year: \_\_\_\_\_

Billing Period: (Check only one)    \_\_\_\_\_ 1<sup>st</sup> Semester    \_\_\_\_\_ 2<sup>nd</sup> Semester

List below the **total semester tuition and fees** for each student eligible for Education Allowance (children of Conference-employed pastors or teachers).

Student's Name	Entrance Fee	Tuition	Total	Office Use Only 35%
<b>TOTAL</b>				