

Date of Application: 2/16/06

Shining Light Use Only:
Granted: _____
Not Granted: _____
Amount: _____



1320

P.O. Box 60602
Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2001-2002

APPLICATION INFORMATION: Applications must be postmarked by the 15th of the month. (See Back)

J W Faulk \$ 10.00
School Funding Request

J W Faulk / Desmond Oliver Counselor
School Board Employee Position

711 E Willow ms. mays
School Address Principal

Cortney Delacroix Cornie Delacroix
Student that will receive funding Parent name

207 Aris Drive Lafayette 70501 231-5509
Student address City Zip Phone number

Title of enrichment activity student will participate in Date of activity

Area of Interest: Academic Enrichment Cultural Enrichment
 Personal Enrichment

Describe the enrichment activity the student will participate in.

Why does this student qualify for this assistance?

Parent in need of assistance

Desmond Oliver
School Board Employee Signature

Carol G. Mays
Principal Signature

Cornie Delacroix
Parent/ Legal Guardian Signature

Cortney Delacroix
Student Signature

*All scholarship checks will be made payable to the school/ school board employee.

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