

Date of Application: 9-1-05

Billing Light Use Only
 Cleared: _____
 Amount: _____
 Check Number: _____

OK



P.O. Box 83802
 Lafayette, LA 70586
EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2004-2006
 Musical Instrument Application

APPLICATION INFORMATION: Applicants must be listed or recommended by the 1st of the month. (See Back) All scholarship checks will be made payable to the school and sent by the 15th of each month. One check per application please.

Carver Heights Elementary 1160 W 131.25
 School Funding Request

David Pipkin Teacher 896-6191
 School Board Employee Phone Number
 Troy Remard Hilda Remard 881-1805
 Student who will receive funding Parent's Name Parent's phone number
 Student's Grade 5th Student's Teacher Ms. Stutes Ms. Anderson
 Teacher's Phone Number

601 Tec Ma rd ASAP
 School Address Date instrument is needed
118 Duplex St. 1990 \$43.75
 Student's Address Parent's Contribution (\$/yr)

Instrument that is being:

- Please describe any other items received; include cost per item.
- Trumpet 16 1/2 15
 - _____
 - _____
 - _____

\$ 175 total

Why does the student qualify for this scholarship? Free Lunch

Kathleen Anderson [Signature]
 School Board Employee Principal's Signature
 Hilda Remard Troy Remard
 Parent / Legal Guardian's Signature Student's Signature

*All information and signatures must be provided for consideration of scholarship. Please Fax to Michele Izzo at (887) 238-1901 or mail to Michele Izzo, 1825 S. St. Mary Blvd. Suite 207, Lafayette, LA 70506.

Parents #
 896-0053 Hm
 501-1723 cell

*No contribution
 needs
 sponsor



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