

Date of Application: 11/7/16

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 445-2880 or mailed with a postmark by the 1st of the month prior to the scheduled activity. (See attached guidelines.) All scholarship checks will be made payable to the school and sent by the 15th of each month. One child per application, please. Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School:	<u>L. A. Alleman</u>		
Address:	<u>600 Roselawn Blvd.</u>	<u>Lafayette</u>	<u>LA 70503</u>
	(Street)	(City)	(State) (Zip Code)
Phone Number:	<u>337-521-7850</u>	Fax Number:	<u>337-521-7851</u>
Teacher/Counselor:	_____	Email:	_____
	(Name)	(Title)	

STUDENT INFORMATION

Student Name:	<u>Ezra Domingue</u>	Grade:	<u>8th</u>
Parent/Guardian:	<u>Amanda Domingue</u>	Total Fund Requested:	\$ <u>88.00</u>
	(Name)		
Parent Phone Number:	<u>337-344-0094</u>	Parent's Contribution:	\$ _____
Does this student qualify for free lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reason for assistance?	<u>single parent (recent)</u>

ACTIVITY INFORMATION

Name of Activity:	<u>8th Grade Field Trip</u>	Date of Activity:	<u>May 17, 2017</u>
	<u>to New Orleans</u>		<u>* payment due NOV. 11th, 16</u>
Is this activity:	Academic <input type="checkbox"/> Cultural <input type="checkbox"/> Personal Enrichment <input checked="" type="checkbox"/> or Other [Explain]: _____		
Please itemize all trip expenses:	1. <u>Transportation \$88.00</u>	2. _____	\$ _____
	<u>tickets + admission</u>		
3. _____	\$ _____	4. _____	\$ _____

J. Smith
Teacher / Counselor's Signature
Amanda Domingue
Parent / Legal Guardian's Signature

Jeff Hadme
Principal's Signature

Student's Signature