

Date of Application: 11/17/2016



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) 446-2880 or mailed with a postmark by the 1<sup>st</sup> 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 15<sup>th</sup> of each month. One child per application, please. Questions? Contact John Broussard at (337) 298-1588.

**SCHOOL INFORMATION**

Name of School: PRAIRIE ELEMENTARY SCHOOL  
Address: 2910 AMBASSADOR CAFFERY PKWY. LAFAYETTE, LA 70506  
(Street) (City) (State) (Zip Code)  
Phone Number: (337) 521-7790 Fax Number: (337) 521-7791  
Teacher/Counselor: CHRISTOPHER J. CUBRE COUNSELOR Email: cjoubre@lpssonline.com  
(Name) (Title)

**STUDENT INFORMATION**

Student Name: AHMED M. ELGAMAL Grade: 5<sup>th</sup>  
Parent/Guardian: HEBA ELSAGINY Total Fund Requested: \$ 350  
(Name)  
Parent Phone Number: (337) 366-1277 Parent's Contribution: \$ 50  
Does this student qualify for free lunch? Yes  No  Reason for assistance? \_\_\_\_\_

**ACTIVITY INFORMATION**

Name of Activity: Gifted Student trip to Austin Date of Activity: MAY 8, 9, 10 of 2017  
Is this activity: Academic  Cultural  Personal Enrichment  or Other (Explain): (Hotel, meals, activities, shirts)  
Please itemize all trip expenses: 1. All inclusive \$ \_\_\_\_\_ 2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_

[Signature]  
Teacher / Counselor's Signature  
[Signature]  
Parent / Legal Guardian's Signature

[Signature]  
Principal's Signature  
Ahmed Elgamel  
Student's Signature

All information and signatures must be provided for consideration of scholarship. Revisions July 2016

\* Money goes to Edgar Martin Middle School  
Gifted Enrichment Full Day Program: Caya Brook