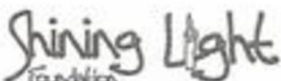


Date of Application: 2-1-17

"To provide opportunities so that every child's light will shine"
P.O. Box 60602, Lafayette, LA 70596

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 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: Myrtle Place Elementary School
 Address: 1100 Myrtle Place Boulevard Lafayette LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-9760 Fax Number: (337) 521-9761
 Teacher/Counselor: Delle Jean Teacher Email: shahandjena@lpsportline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Breisha Charles Grade: 4th French Immersion
 Parent/Guardian: Shantelle Charles Total Fund Requested: \$ 800.00
 (Name)
 Parent Phone Number: 337 852 0568 Parent's Contribution: \$ 400.00
 Does this student qualify for free lunch? Yes No Reason for assistance? I have 4 kids with one in college and its kind of difficult for me to put that amount of money.

ACTIVITY INFORMATION

Name of Activity: School Exchange: Martinique - Louisiana What Brings US Together Date of Activity: May 30 - June 6
 (Martinique Trip)
 Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): Opening doors to future careers
 Please itemize all trip expenses: 1. Flight Ticket \$ 850 2. Bus Transportation \$ 50
 3. Tours - Sites \$ 100 4. some meals \$ 100

Delle Jean
Teacher / Counselor's Signature

Shantelle Charles
Parent / legal Guardian's Signature

Alicia M
Principal's Signature

Breisha Charles
Student's Signature