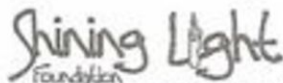


Date of Application: 1-31-17

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) 521-7760 Fax Number: (337) 521-7761
 Teacher/Counselor: Odile Jean Teacher Email: oahandjean@ipentline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: DeAvontae Batiste Grade: 4th French Immersion
 Parent/Guardian: Kenneth Batiste Total Fund Requested: \$ 1200
 (Name)
 Parent Phone Number: (337) 230-5410 Parent's Contribution: \$
 Does this student qualify for free lunch? Yes No Reason for assistance? Limited Finances

ACTIVITY INFORMATION

Name of Activity: School Exchange: Martinique - Date of Activity: May 30 - June 6
Lafayette, what brings us together
 (Martinique trip)
 Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): Opening doors to future contacts
 Please itemize all trip expenses: 1. Flight Ticket \$ 850 2. Bus Transportation \$ 150
 3. Tours - Sites \$ 100 4. Some meals \$ 100

Odile Jean
 Teacher / Counselor's Signature

Kenneth Batiste
 Parent / Legal Guardian's Signature

Odile M.
 Principal's Signature

DeAvontae
 Student's Signature