

Date of Application: _____



Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

FAXED

3/15/17

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) 298-1585.

SCHOOL INFORMATION

Name of School: Prairie Elementary
 Address: 2910 Ambassador Caffery Lafayette LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) Fax Number: _____
 Teacher/Counselor: Cynthia H. Blum Email: _____
 (Name) (Title)
 Teacher: Sabrina Benazzouz sabrinabenazzouz@lpsconline.com

STUDENT INFORMATION

Student Name: Aubree Lynn Johnson Grade: 2
 Parent/Guardian: Dawanna Johnson Total Fund Requested: \$ 29.00
 (Name)
 Parent Phone Number: _____ Parent's Contribution: \$ _____
 Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? All students at school are qualified.

ACTIVITY INFORMATION

Name of Activity: Audubon Zoo, New Orleans Date of Activity: 4/11/17
 Is this activity: Academic ☐ Cultural ☒ Personal Enrichment ☐ or Other (Explain): End of the year field trip.
 Please itemize all trip expenses: 1. Catch Bus travel \$23.75 2. Zoo entry \$5.25
 3. _____ 4. _____

Teacher/Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

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

Revision: July 2016