

Date of Application: _____



P.O. Box 60602, Lafayette, LA 70506

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

SPECIAL PROJECT SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 521-7951 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. Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Edgar Martin Middle
 Address: 401 Broadmor
(Street) (City) (State) (Zip Code)
 Phone Number: 521-7910 Fax Number: 521-7911
 Teacher/Counselor: Brittany Pecor Email: bpecor@psonline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Summer school Grade(s): 8 Number of Students: 1 Keenan Price
 Parent/Guardian: Kimberly Price Parent Phone Number: _____
(if applicable) (if applicable)
 Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? _____

SPECIAL PROJECT INFORMATION

Type of Project / Need: Summer school Total amount requested \$ 450 LS Alkeman
 Is there any other funding source for this project? Yes No If YES, please indicate the amount: \$ _____
 Please explain project and reason for funding need: Parent reports she can not afford summer school her son has failed math and sci. He will be in high school next year pending summer school. He is a kind student.

Kimberly Price
 Teacher / Counselor's Signature
Kimberly Price
 Parent / Legal Guardian's Signature
(if applicable)

Keenan Price
 Principal's Signature
Keenan Price
 Student's Signature
(if applicable)

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

Revision: September 2016