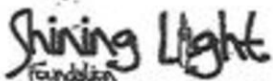


Date of Application: _____



P.O. Box 60602, Lafayette, LA 70506

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

521-7951

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 445-2880 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: Prairie ElementaryAddress: 2910 Amb. Caffery Pkwy. Lafayette, LA 70506
(Street) (City) (State) (Zip Code)Phone Number: 337-521-7790

Fax Number: _____

Teacher/Counselor: M. Fontenot/Teacher
(Name) (Title)Email: mfontenot@lpschools.com

STUDENT INFORMATION

Student Name: Lyrik SebilleGrade: 5thParent/Guardian: Lanish Sebille
(Name)Total Fund Requested: \$ 35Parent Phone Number: 337-315-6355Parent's Contribution: \$ 0.00Does this student qualify for free lunch? Yes ☒ No ☐Reason for assistance: Homeless

ACTIVITY INFORMATION

Name of Activity: Field tripDate of Activity: 12 May 17Is this activity: Academic ☒Cultural ☒Personal Enrichment ☒or Other (Explain): AcademicPlease itemize all trip expenses: 1. Events \$ 152. Bus \$ 35

3. _____ \$ _____

4. _____ \$ _____

Teacher/Counselor's Signature: M. FontenotParent/Legal Guardian's Signature: Lanish SebillePrincipal's Signature: WaltStudent's Signature: Lyrik P Sebille

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

Revised: July 2016