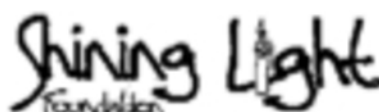


Date of Application: 3-29-18

"No small opportunities to shine in the Shining Light of Love"
P.O. Box 60502, Lafayette, LA 70596

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Roussard 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 Roussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Myrtle Place Elementary
 Address: 1100 Myrtle Pl Lafayette LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: _____ Fax Number: _____
 Teacher/Counselor: Theodore Brade Teacher Email: thbrade@lpssonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Isadiah Smith Grade: 5
 Parent/Guardian: [Signature] Total Fund Requested: \$ 45.00
 (Name)
 Parent Phone Number: (337) 552-0415 Parent's Contribution: \$ 5.00
 Does this student qualify for free lunch? Yes ☐ No ☐ Reason for assistance? _____

ACTIVITY INFORMATION

Name of Activity: 5th Field Trip New Orleans Date of Activity: ~~5/10~~ 5/15/18
 Is this activity: Academic ☐ Cultural ☐ Personal Enrichment ☐ or Other (Explain): _____
 Please itemize all trip expenses: 1. Bus \$ _____ 2. Walking Tour \$ _____
 3. Museum \$ _____ 4. Aquarium/Imax \$ _____ \$50

Theodore Brade
 Teacher/Counselor's Signature

[Signature]
 Parent/Legal Guardian's Signature

Jamie Hobert
 Principal's Signature

Isadiah Smith
 Student's Signature