

Date of Application: 3-29-18

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 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

Address: 1100 Myrtle Pl. Lafayette LA 70506
(Street) (City) (State) (Zip Code)

Phone Number: (337) 521-7760 Fax Number: _____

Teacher/Counselor: Theodore Brade Teacher Email: thbrade@lpssonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Micheline Benoit Grade: 5

Parent/Guardian: Ederman Pierpont Total Fund Requested: \$ 40
(Name)

Parent Phone Number: (337) 938-6594 Parent's Contribution: \$ 10

Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? _____

ACTIVITY INFORMATION

Name of Activity: 5th Field Trip to New Orleans Date of Activity: 5/15/18

Is this activity: Academic ☒ Cultural ☐ Personal Enrichment ☐ or Other (Explain): _____

Please itemize all trip expenses: 1. Bus \$ _____ 2. Walking Tours \$ _____

3. Museum \$ _____ 4. Aquarium / Insects \$ 50

Theodore Brade
Teacher / Counselor's Signature

Ederman Pierpont
Parent / Legal Guardian's Signature

Jamie Hebert
Principal's Signature

Micheline Benoit
Student's Signature

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

Revises: July 2017