Date of Application: 12/17/18

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 446-2890 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) 258-1588.

SCHOOL INFORMATION

Name of School: Truman E.C.E.C.

Address: 200 Clara Street (Street) Lafayette (City) LA (State) 70501 (Zip Code)

Phone Number: (337) 521-7810 Fax Number: (337) 521-7811

Teacher/Counselor: Angela Williams (Name) Teacher (Title) Email: arwilliams@lpssla.com

STUDENT INFORMATION

Student Name: Mason Moore Grade: Pre-Kindergarten

Parent/Guardian: Ferdie Dubon (Name) Total Fund Requested: $ 10.00

Parent Phone Number: (337) 552-5289 Parent's Contribution: $ 0.00

Does this student qualify for free lunch? (Yes) No Reason for assistance? Financial hardship

ACTIVITY INFORMATION

Name of Activity: Stephen Fite Concert Date of Activity: February 4, 2019

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

Please itemize all trip expenses: 1. Concert $ 6.50 2. Transportation $ 3.50

3. _____ $ _____ 4. _____ $ _____

Angela R. Williams
Teacher / Counselor's Signature

Parent's Signature

Ferdie Dubon
Parent / Legal Guardian's Signature

Student's Signature

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

Revision: July 2017