

Date of Application: 01/31/2019

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 Place Blvd Lafayette LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: 337-521-7760 Fax Number: 337-521-7761
 Teacher/Counselor: Dale Jean Kacher Email: Dmahandjens@lysonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Andrea Fleurant Grade: 5
 Parent/Guardian: Michelet Fleurant Total Fund Requested: \$ 1,450
 (Name)
 Parent Phone Number: 337-7397261 Parent's Contribution: \$ 700.00
 Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? Not able to pay for the trip

ACTIVITY INFORMATION

Name of Activity: Martinique Pedagogical Exchange Date of Activity: May 25, 2019 - June 1, 2019
 Is this activity: Academic ☐ Cultural ☒ Personal Enrichment ☐ or Other (Explain): _____
 Please itemize all trip expenses: 1. Airfare \$ 1200 2. Other transportation \$ 100
 3. Play ticket & Gift \$ 150 4. Some Meals \$ 100
Shirley

Dale Jean Kacher
 Teacher / Counselor's Signature
Michelet Fleurant
 Parent / Legal Guardian's Signature

Principal's Signature

Andrea Fleurant
 Student's Signature