

Date of Application: _____



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) 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: Truman Early Childhood Education Center
 Address: 200 Clara St. Lafayette LA 70501
(Street) (City) (State) (Zip Code)
 Phone Number: 337-521-7810 Fax Number: 337-521-7811
 Teacher/Counselor: Bridget Richard, teacher Email: bbrichard@lassonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Jordan Chaisson Grade: Pre-K
 Parent/Guardian: Cheval Chaisson Total Fund Requested: \$ 20.00
(Name)
 Parent Phone Number: 337-544-5856 Parent's Contribution: \$ 0.00
337-849-0873
 Does this student qualify for free lunch? Yes No Reason for assistance? Single Parent of 4.
I have no support.

ACTIVITY INFORMATION

Name of Activity: LA Arts & Science Museum Date of Activity: 03/13/19
 Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): _____
 Please itemize all trip expenses: 1. Admission \$ 13.75 2. Bus \$ 6.25
 3. _____ \$ _____ 4. _____ \$ _____

Teacher / Counselor's Signature
x C.R. Chaisson
 Parent / Legal Guardian's Signature

Shelley Chaisson
 Principal's Signature
Jordan Chaisson
 Student's Signature