

Date of Application: 1/30/19

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 Place Blvd Lafayette LA 70506
(Street) (City) (State) (Zip Code)

Phone Number: (337) 521-7760 Fax Number: (337) 521-7761

Teacher/Counselor: Odile Jean Teacher Email: Ornabandjea@lpschools.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Kadidja Sadou Grade: 5th

Parent/Guardian: Moussa Sadou Total Fund Requested: \$ 1450
(Name)

Parent Phone Number: 337-344-2367 Parent's Contribution: \$ 500

Does this student qualify for free lunch? Yes No Reason for assistance? Low income

ACTIVITY INFORMATION

Name of Activity: Martinique Exchange Trip 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
Play ticket & gift \$ 150 Some Meals \$ 100

Odile Jean
Teacher / Counselor's Signature

[Signature]
Principal's Signature

Moussa Sadou
Parent / Legal Guardian's Signature

K. Sadou
Student's Signature

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

Revised: July 2017