Date of Application: 3/25/19

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) 446-2880 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 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) / Danielle Williams (Title) Email: anwilliams@lpssonline.com

STUDENT INFORMATION

Student Name: Mason Moore Grade: Pre K

Parent/Guardian: Ferdie Duhon (Name) Total Fund Requested: $ 11.00

Parent Phone Number: 337-552-5289 Parent's Contribution: $ 0

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

ACTIVITY INFORMATION

Name of Activity: Field Trip to the Zoo Date of Activity: April 12, 2019

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

Please itemize all trip expenses: 1. V.I.P. Passports 8.00 2. Transportation $ 3.00

3. ________ $ ________ 4. ________ $ ________

Angela R. Williams
Teacher / Counselor's Signature

Ferdie Duhon
Parent / Legal Guardian's Signature

____
Principal's Signature

Mason Moore
Student's Signature

All information and signatures must be provided for consideration of scholarship. Revision: July 2017