Date of Application: 4/1/19

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 ECEC

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

Phone Number: 521-7810 Fax Number: 521-7811

Teacher/Counselor: V. Toussaint/D. Williams (Name) (Title) Email: vatoussaint@lpssonline.com

STUDENT INFORMATION

Student Name: Logan Willis Grade: PK

Parent/Guardian: Erica Willis (Name) Total Fund Requested: $ 11

Parent Phone Number: 212-8748 Parent's Contribution: $ 0

Does this student qualify for free lunch? (Yes) No Reason for assistance? family need/lack of funds

ACTIVITY INFORMATION

Name of Activity: Field Trip/Zoo of Acadiana Date of Activity: 4/12/19

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

Please itemize all trip expenses: 1. Admission $ 8 2. Bus $ 3

3. ____ $ ____ 4. ____ $ ____

V. Toussaint
Teacher / Counselor's Signature

Shelley Chauvin
Principal's Signature

Erica Willis
Parent / Legal Guardian's Signature

Logan Willis
Student's Signature

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

Revision: July 2017