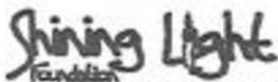


Date of Application: _____



P.O. Box 60602, Lafayette, LA 70506

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be filed 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) 290-1588.

SCHOOL INFORMATION

Name of School: Myrtle Place Elementary
 Address: 1100 Myrtle Place Lafayette La 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: 337-521-7760 Fax Number: 337-521-7761
 Teacher/Counselor: Sybil Primeaux Email: Smpimeaux@kpsonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Isaiah Smith Grade: 5th grade
 Parent/Guardian: Shannon Trahan Total Fund Requested: \$160.00
 (Name) Parent Phone Number: 337-552-8615 Parent's Contribution: \$ _____
 Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance: Single parent, not working due to health conditions.

ACTIVITY INFORMATION

Name of Activity: Space Center Houston Date of Activity: 5/8/2019
 Is this activity: Academic ☒ Cultural ☐ Personal Enrichment ☐ or Other (Explain): _____
 Please itemize all trip expenses: 1. Field Trip Fee \$ 160.00 2. _____ \$ _____
 3. _____ \$ _____ 4. _____ \$ _____

Teacher / Counselor's Signature

Parent / Legal Guardian's Signature

Principal's Signature

Student's Signature

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

Revision: July 2017