

Date of Application: September 3, 2019



"To provide opportunities so that every child's light will shine"
P.O. Box 60602, Lafayette, LA 70596

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: Comeaux High School

Address: 100 W. Bluebird Drive Lafayette, LA 70508
(Street) (City) (State) (Zip Code)

Phone Number: 337-5217970 Fax Number: _____

Teacher/Counselor: Mrs. Fran Hebert, Choir Director Email: fwhebert@lpssonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Timothy Sam Grade: 12th

Parent/Guardian: Sylvia Sam Total Fund Requested: \$ 800.00
(Name)

Parent Phone Number: 337-706-4066 Parent's Contribution: \$ 45
registration fee

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

ACTIVITY INFORMATION

Name of Activity: Chorale des Amis, Youth Choirs of Acadiana Date of Activity: Weekly rehearsals 9/19/19
May 11; All State-11/7-9/19

Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): music literacy, performance oppor-
tunities

Please itemize all trip expenses: 1. All State Honor Choir \$ 300-approx 2. Chorale tuition \$ 500

3. _____ \$ _____ 4. _____ \$ _____

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

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

Revision: July 2017