Date of Application: 9/19/19

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

P.O. Box 80002, Lafayette, LA 70598

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 Early Childhood Education Center

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

Phone Number: 337 521 7810 Fax Number: 337 521-7811

Teacher/Counselor: Bridget Richard (Name) teacher (Title) email: bbrichard@lpssonline.com

STUDENT INFORMATION

Student Name: Sir Wilson Grade: PK

Parent/Guardian: _____ (Name) Total Fund Requested: $ 10.00

Parent Phone Number: _____ Parent's Contribution: $ 0

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

ACTIVITY INFORMATION

Name of Activity: Trip to Pumpkin Patch Date of Activity: 10/29/19

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

Please itemize all trip expenses: 1. admission $ 7.00 2. transportation $ 3.00

3. _____ $ _____ 4. _____ $ _____

B. Richard
Teacher / Counselor's Signature

Shelley Chauvin
Principal's Signature

Halie Wilson
Parent / Legal Guardian's Signature

_____
Student's Signature

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

Revision July 2017