approved 1-15-20 – check mailed

Date of Application: 12.18.19

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: 337-521-7810 Fax Number: _____

Teacher/Counselor: Kellie Chitty (Name) Teacher (Title) Email: kechitty@lpssonline.com

STUDENT INFORMATION

Student Name: Desmond Edmond Sr. Grade: P.K.

Parent/Guardian: Trayce Byrd (Name) Total Fund Requested: $ 7.00

Parent Phone Number: 414-0524 Parent's Contribution: $ _____

Does this student qualify for free lunch? (Yes) No Reason for assistance? N/A

ACTIVITY INFORMATION

Name of Activity: Stephen Fite Concert Date of Activity: Feb. 3. 2020

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

Please itemize all trip expenses: 1. Admission $ 7.00 2. _____ $ _____

3. _____ $ _____ 4. _____ $ _____

Kellie Chitty
Teacher / Counselor's Signature

Principal's Signature

Mastashi
Parent / Legal Guardian's Signature

Student's Signature

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