

Date of Application: 4/27/20

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) 446-2380 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: Myrtle Place Elementary
 Address: 1100 Myrtle Place Boulevard Lafayette LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7760 Fax Number: (337) 521-7761
 Teacher/Counselor: Odile Jean Teacher/Trip email: omahendjena@yppsonline.com
 (Name) (Title) Coordinator

STUDENT INFORMATION

Student Name: Leila Sadou Grade: 5
 Parent/Guardian: MOHAMED ALBACHIR SADDI Total Fund Requested: \$ 1350
 (Name)
 Parent Phone Number: 337 303 7015 Parent's Contribution: \$ _____
 Does this student qualify for free lunch? Yes No Reason for assistance? Low Income

ACTIVITY INFORMATION

Name of Activity: Martinique Louisiana What brings us together Date of Activity: June 6-13, 2020
 Is this activity: Academic Cultural Personal Enrichment or Other (Explain): School Exchange
 Please itemize all trip expenses: 1. Airfare \$ 1100 2. Bus from MS to MO \$ 100
 3. Tours-sites \$ 100 4. Some meals \$ 50

Odile Jean
 Teacher / Counselor's Signature

[Signature]
 Principal's Signature

Mohamed Sadi
 Parent / Legal Guardian's Signature

Leila Sadou
 Student's Signature