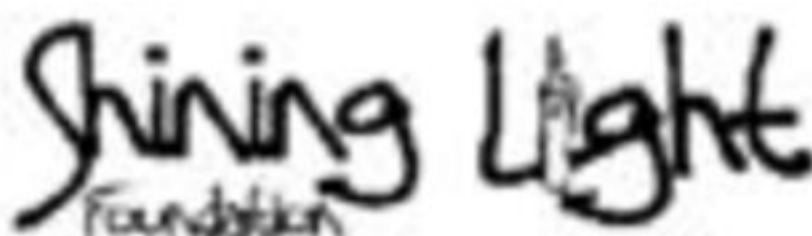


Date of Application: _____



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) 298-2588.

SCHOOL INFORMATION

Name of School: Baranco Elem
Address: 801 Mudd Ave Lafayette LA 70501
Phone Number: 337 521 7500 Fax Number:
Teacher/Counselor: Megan Trahan teacher Email: mmtarahan@lpssonline.com

STUDENT INFORMATION

Student Name: Jakobi Stevens Grade: 1st
Parent/Guardian: Rockeal Stevens Total Fund Requested: \$ 11.08
Parent Phone Number: 337-281-4991 Parent's Contribution: \$
Does this student qualify for free lunch? Yes [] No [] Reason for assistance?

ACTIVITY INFORMATION

Name of Activity: Zoo of Acadiana field trip Date of Activity: 02/28/2020
Is this activity: Academic [] Cultural [x] Personal Enrichment [] or Other (Explain):
Please itemize all trip expenses: 1. Transportation \$ 1.72 2. Zoo admission \$ 9.34

Megan Trahan
Teacher / Counselor's Signature

[Signature]
Principal's Signature

Rockeal Stevens
Parent / Legal Guardian's Signature

[Signature]
Student's Signature

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

Revision: July 2017