

Date of Application: 11/14/22



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: Gifted Enrichment (LPSS)@EAM student@Fatima
Address: 401 Broadmoor Blvd (Street) Lafayette (City) LA (State) 70503 (Zip Code)
Phone Number: 337-521-7910 Fax Number: 337-521-7911
Teacher/Counselor: Amy Hulin (Name) Gifted Teacher (Title) Email: amhulin@lpssonline.com

STUDENT INFORMATION

Student Name: Mary Grace Normand Grade: 5
Parent/Guardian: Dana Normand (Name) Total Fund Requested: \$ 300⁰⁰
Parent Phone Number: 337 837 5221 Parent's Contribution: \$ 200
Does this student qualify for free lunch? Yes No Reason for assistance? She has many allergies & has to bring her own lunch
medical bills,
mold remediation, high automobile repairs

ACTIVITY INFORMATION

Name of Activity: Austin, TX Study Tour Date of Activity: May 16-18
Is this activity: Academic Cultural Personal Enrichment or Other (Explain): _____
Please itemize all trip expenses: 1. Hotel \$ 150⁰⁰ 2. Food \$ 125⁰⁰
3. Exhibits \$ 125 4. Bus \$ 100

Amy Hulin
Teacher / Counselor's Signature
[Signature]
Parent / Legal Guardian's Signature

Samantha S. Webre
Principal's Signature
Mary Grace Normand
Student's Signature

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

Revision: July 2017