

Date of Application: _____


 To provide opportunities to poor students - read a light and shine
 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) 298-1588.

SCHOOL INFORMATION

Name of School: Gifted Enrichment (LPSS) @ EAM student @ Milton

Address: 401 Broadmoor Blvd. Lafayette LA 70503
(Street) (City) (State) (Zip Code)

Phone Number: 337-521-7910 Fax Number: 337-521-7911

Teacher/Counselor: Barbara Helveston GIFTED Email: bhelveston@lpssonline.com
(Name) (Title) TEACHER

STUDENT INFORMATION

Student Name: Aaron McNeely Grade: 5

Parent/Guardian: Angie LeMoine Total Fund Requested: \$ 250.00
(Name)

Parent Phone Number: (337) 278-7280 Parent's Contribution: \$ 250.00

Does this student qualify for free lunch? Yes No Reason for assistance? Does not have extra money to spare but do not want Aaron to miss this amazing opportunity.

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 \$ 150.00 2. Food \$ 125.00
 3. Exhibits \$ 125.00 4. Bus \$ 100.00

Teacher / Counselor's Signature

Parent / Legal Guardian's Signature

Principal's Signature

Student's Signature

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

Revision: July 2017