

Date of Application: _____



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 @ LJA

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

Phone Number: (337) 521-7910 Fax Number: _____

Teacher/Counselor: Aimee Klein Gifted Teacher Email: ayklein@lpssonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Aniyah Bass Grade: 7th

Parent/Guardian: Annette Spriggs Total Fund Requested: \$ 300.00
(Name)

Parent Phone Number: (337) 251-6131 Parent's Contribution: \$ 250.00

Does this student qualify for free lunch? Yes No Reason for assistance? low income

ACTIVITY INFORMATION

Name of Activity: Dallas/Fort Worth Field Study Date of Activity: March 7-9, 2023

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

Please itemize all trip expenses: 1. Hotel \$ 150.00 2. Food \$ 150.00
 3. Exhibits \$ 150.00 4. Bus \$ 100.00

Aimee Klein
Teacher / Counselor's Signature

Annette Spriggs
Parent / Legal Guardian's Signature

Samantha S. Welton
Principal's Signature

Aniyah Bass
Student's Signature

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

Revision: July 2017