



Louisiana Association of Student Assistance Programs

SCHOLARSHIP VOUCHER FORM

TRIO

PLEASE NOTE: For documentation purposes and accountability this form must be accompanied with the requested documents. Failure to submit and complete the form correctly will result in not receiving scholarship funds.

Date: ____ / ____ / ____ **Voucher #:** _____

PAYABLE TO:

First Name

Last Name

Area Code/Phone Number

Mailing Address

City

State

Zip

E-mail

Claimant's Signature

Date

Treasurer's Signature

Date

President's Signature

Date

Scholarship Voucher Completed
Thank You Letter

Payment method (Circle one)

Mail Check or Send via Zelle
Enrollment certification

I would like my scholarship funds sent to me via Zelle. My Zelle email and/or phone number is:

Mail, or scan and email form and receipts to:
Treasurer, Jessie Broussard, Ed.D.
Project Director
Student Support Services Veterans Program
University of Louisiana Lafayette
PO Box 43659, Lafayette, LA 70504
(337) 482-2947 jessie.broussard@louisiana.edu

TREASURER ONLY: ☐ Hand-Delivered ☐ Mailed to Claimant ☐ Mailed for signature

Check # _____ **Date** ____/____/____ **Initials** _____

Sent to Zelle Account ____ YES ____ NO



DATE	PURPOSE	RECEIPT	ADDITIONAL JUSTIFICATION OR NOTES (IF NEEDED)	AMOUNT
TOTAL				

Email