



LOUISIANA DEPARTMENT OF EDUCATION

Louisiana Scholarship Program School Year 2016-2017

Individual Enrichment Assurance Form For

(School Name and Site Code)

I, _____, understand that no officer, administrator, director, manager, or employee of a participating school shall use the authority of his office or position in connection with the school's participation in the Scholarship Program, directly or indirectly, in a manner intended to compel or coerce any person to provide himself or any other person with anything of economic value.

I also understand that gross individual enrichment resulting from the expenditure of scholarship funds is prohibited; and assure that I will not use scholarship funds for individual enrichment.

Signed by:

Employee Signature

Date

Employee Job Title

Email

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Telephone

This form must be completed by Board Members, School Administrators, Principals, Assistant Principals, and Academic Officers/Directors.

Louisiana Believes