

**MY LOUISIANA ESSAY PROGRAM
LOCAL UNIT PARTICIPATION FORM
2018 – 2019**

LOCAL UNIT INFORMATION

My Louisiana chairs must complete this form.

Local Unit: Forward this form and your entries to the district.

Unit Name: _____ LUR #: _____

PTA/PTSA President: _____

School Address: _____

City: _____ Zip: _____

E-mail: _____ Phone: _____

Program Chair: _____

E-mail: _____ Phone: _____

Number of students enrolled in the school _____

Total number of students participating in the My Louisiana Program _____

Total number of entries forwarded to the district _____