

Date of Application: Jan 19 2017

Shining Light (Use Only):

Grantor: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 446-1200 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: Woodvale Elementary
 Address: 100 Leon Drive Lafayette LA 70503
 (Street) (City) (State) (Zip Code)
 Phone Number: 337 521 7835 Fax Number: 337 521 8311
 Teacher/Counselor: Courtney Sykes Counselor Email: csykes@lpsonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Kali' Mari Dixon Grade: 2nd
 Parent/Guardian: Ma'Rita Bob Total Fund Requested: \$ 32.00
 (Name)
 Parent Phone Number: 337-706-2044 Parent's Contribution: \$ --0--
 Does this student qualify for free lunch? Yes No Reason for assistance? low income

ACTIVITY INFORMATION

Name of Activity: Field Trip to Global Wildlife Date of Activity: March 10, 2017
 Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): _____
 Please itemize all trip expenses: 1. Charter Bus \$ 23.00 2. Admission to Global Wildlife \$ 7.00
 3. Feed Cups for Animals \$ 2.00 4. _____

Counselor: Courtney Sykes
 Teacher/Counselor's Signature
Ma'Rita Bob
 Parent/Legal Guardian's Signature

Monique Vidal
 Principal's Signature
Kali' Mari Dixon
 Student's Signature

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

Revision: July 2015