

Date of Application: _____



Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

SPECIAL PROJECT SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 445-2880 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. Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Broadmoor Elementary School

Address: 609 Broadmoor Blvd. Lafayette LA 70503
(Street) (City) (State) (Zip Code)

Phone Number: 337-521-7620 Fax Number: 337-521-7621

Teacher/Counselor: Liz Swinney Email: easwinney@lpssonline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: _____ Grade(s): _____ Number of Students: _____

Parent/Guardian: _____ Parent Phone Number: _____
(if applicable) (if applicable)

Do student(s) qualify for free lunch? Yes ☐ No ☐ If YES, approximately how many students? _____

SPECIAL PROJECT INFORMATION

Type of Project / Need: Culturally Responsive Reading books Total amount requested \$ 100

Is there any other funding source for this project? Yes ☐ No ☒ If YES, please indicate the amount: \$ _____

Please explain project and reason for funding need: I work with a 2nd grade ESI class. Research has shown that student's language and reading improves dramatically if they are able to relate to the material. I would like to purchase class reading books for the students to practice their reading skills. Date of Project: _____

E. Swinney
Teacher / Counselor's Signature

[Signature]
Principal's Signature

Parent / Legal Guardian's Signature
(if applicable)

Student's Signature
(if applicable)