

Date of Application: 1-23-2018
 The Shining Light Foundation is a 501(c)(3) non-profit organization.
 P.O. Box 60602, Lafayette, LA 70596

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) 446-2880 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: South West Elementary School
 Address: 1203 Burr St. Opelousas, LA 70570
(Street) (City) (State) (Zip Code)
 Phone Number: 337.942.9892 Fax Number: 337.942.1763
 Teacher/Counselor: Ms. Marcella Fisher Email: mdf9296@slp.k12
Principal (Name) (Title) LA.45

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Scholastic Weekly Grade(s): 5 Number of Students: 37
News
 Parent/Guardian: _____ Parent Phone Number: _____
(if applicable) (if applicable)
 Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? 100%

SPECIAL PROJECT INFORMATION

Type of Project / Need: Current Event Reading material Total amount requested \$ 134.31
 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: our school has very limited
Access to a library and our students need current
news and age appropriate reading material on events
from across our country and around the world.
The subscription will deliver approx. 525 Date of Project: 1-23-18
magazines

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature
(if applicable)Student's Signature
(if applicable)