Date of Application: 3-29-18

Shining Light Use Only:
Granted: ______
Amount: ______
Check Number: ______

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE 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. **One child per application, please.** Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Myrtle Place Elementary

Address: 1100 Myrtle Pl (Street) Lafayette (City) LA (State) 70506 (Zip Code)

Phone Number: ______ Fax Number: ______

Teacher/Counselor: Theodore Brode (Name) Teacher (Title) Email: thbrode@lpssonline.com

STUDENT INFORMATION

Student Name: Isadiah Smith Grade: 5

Parent/Guardian (Name): [signature] Total Fund Requested: $ 45.00

Parent Phone Number: (337) 552-8615 Parent's Contribution: $ 5.00

Does this student qualify for free lunch? Yes ☐ No ☐ Reason for assistance? ______

ACTIVITY INFORMATION

Name of Activity: 5th Field Trip New Orleans Date of Activity: ~~5/15~~ 5/15/18

Is this activity: Academic, ☐ Cultural, ☐ Personal Enrichment, ☐ or Other (Explain): ______

Please itemize all trip expenses: 1. Bus $ ______ 2. Walking Tour $ ______

3. Museum $ ______ 4. Aquarium/Imax $ ______ $50

Theodore Brode
Teacher / Counselor's Signature

Jaime Hebert
Principal's Signature

[signature]
Parent / Legal Guardian's Signature

Isadiah Smith
Student's Signature

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

Revision: July 2017