

Date of Application: March 19, 2018

Shining Light Only:

Granted: _____

Amount: _____

Check Number: _____

Shining Light

Foundation

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 446-7888 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: Prairie Elementary
 Address: 2910 Ambassador Caffery Pkway Lafayette, LA 70506
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7790 Fax Number: (337) 521-7791
 Teacher/Counselor: Sarah Turner Teacher Email: saturner@lpsschline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Layne Justice Grade: 5th
 Parent/Guardian: Malene Justice Total Fund Requested: \$ 50.00
 (Name)
 Parent Phone Number: 337-233-9206 Parent's Contribution: \$ 0
 Does this student qualify for free lunch? Yes No Reason for assistance? homeless

ACTIVITY INFORMATION

Name of Activity: Fifth Grade End of the Year Date of Activity: May 4, 2018
Field Trip New Orleans
 Is this activity: Academic Cultural Personal Enrichment or Other (Explain): _____
 Please itemize all trip expenses: 1. Aquarium of the Americas \$ 4.42 2. Insectarium \$ 4.42
 3. Giant Screen Theater \$ 4.42 4. Cost of BUS Ride \$ 36.74

J. Turner
 Teacher / Counselor's Signature
Malene Justice
 Parent / Legal Guardian's Signature

Malene Justice
 Principal's Signature
Layne Justice
 Student's Signature