

Date of Application: 4/24/18

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: J W Faulk Elementary
 Address: 711 E Willow St. Lafayette, La. 70501
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7680 Fax Number: (337) 521-7681
 Teacher/Counselor: Brenda Eccles, Counselor Email: bdecclrs@lpssentiment.com
 (Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Markayla Guidry Grade(s): K Number of Students: 75
 Parent/Guardian: Alexus Guidry Parent Phone Number: (337) 249-1324
 (if applicable) (if applicable)
 Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? all

SPECIAL PROJECT INFORMATION

Type of Project / Need: Field trip Total amount requested \$ 15
 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: Kindergarten field trips
April 30th through May 4th
 Date of Project: _____

Brenda Eccles
 Teacher/Counselor's Signature

[Signature]
 Principal's Signature

 Parent / Legal Guardian's Signature
 (if applicable)

 Student's Signature
 (if applicable)