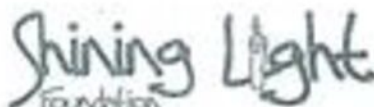


Date of Application: 4/24/18

The amount requested on this form is the amount of the scholarship.
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: 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: bdeccler@lpssentiment.com
 (Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Calvin Lambert, Jr. Grade(s): K Number of Students: 75
 Parent/Guardian: Leandra Lambert Parent Phone Number: (337) 534-1827
 (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 trips 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)