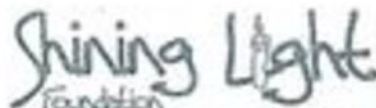


Date of Application:

4/24/18



The greatest opportunity is that many should shine.

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:

bdeccles@lpssonline.com

(Name)

(Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name:

Braedyn Mack

Grade(s):

K

Number of Students:

75

Parent/Guardian:

Brittany Babineaux

Parent Phone Number:

(337) 520-5213

(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: _____

Teacher/Counselor's Signature

Brenda Eccles

Principal's Signature

 Parent / Legal Guardian's Signature
(If applicable)

 Student's Signature
(If applicable)