

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 1<sup>st</sup> 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 15<sup>th</sup> 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: bdeccl@lpssonline.com  
(Name) (Title)

## STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Raleigh Narcisse Grade(s): K Number of Students: 75

Parent/Guardian: Ebony Narcisse Parent Phone Number: (337) 703-1083  
(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 30 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)