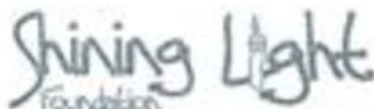


Date of Application: 4/24/18



The proud sponsor of the state's first light bulb school  
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 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: bdeccles@lpssentinel.com)  
(Name) (Title)

**STUDENT / SPECIAL PROJECT INFORMATION**

Student / Project Name: Lentrevian Harris Grade(s): K Number of Students: 75  
Parent/Guardian: Marcy Harris Parent Phone Number: \_\_\_\_\_  
(If applicable) (If applicable)  
Do student(s) qualify for free lunch? Yes  No  If YES, approximately how many students? \_\_\_\_\_

**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 trip  
April 30<sup>th</sup> through May 1<sup>st</sup>  
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)