Date of Application: 4/24/18

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

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. (Street) Lafayette (City) La. (State) 70501 (Zip Code)

Phone Number: (337) 521-7680 Fax Number: (337) 521-7681

~~Teacher~~/Counselor: Brenda Eccles (Name) Counselor (Title) Email: bdeccles@lpssentinel.com

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Aaliyah Hamilton Grade(s): K Number of Students: 75

Parent/Guardian: Ericka Prejean (If applicable) Parent Phone Number: (If applicable) (337) 326-2967

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

Principal's Signature

Parent / Legal Guardian's Signature (If applicable)

Student's Signature (If applicable)

All information and signatures must be provided for consideration of scholarship.

Revision: July 2017