

Date of Application: April 26, 2018



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: Prairie Elementary
Address: 2910 Ambassador Caffery Pkwy Lafayette LA 70506
(Street) (City) (State) (Zip Code)
Phone Number: (337) 521-7790 Fax Number: (337) 521-7791
Teacher/Counselor: Sarah Turner Teacher Email: Saturner@lpseconline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Dimitrovus Andrus Grade(s): 5 Number of Students: 1
Parent/Guardian: Penny Jacobs Parent Phone Number: (337) 254-5171
(if applicable) (if applicable)
Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? 1

SPECIAL PROJECT INFORMATION

Type of Project / Need: Fifth Grade Fieldtrip to New Orleans Total amount requested \$ 50
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: Student qualifies as homeless and family has recently been in an accident leaving his older handicap brother severely injured.
Date of Project: 05-04-18

S Turner
Teacher / Counselor's Signature

Penny Jacobs
Parent / Legal Guardian's Signature
(if applicable)

Cayce Baker
Principal's Signature

Dimitrovus Andrus
Student's Signature
(if applicable)