Date of Application: 5/17/18

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

Shining Light Foundation
To provide opportunities so that every child's light will shine

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE 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. **One child per application, please.** Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Scott Middle

Address: 116 Marie St (Street) Scott (City) LA (State) 70583 (Zip Code)

Phone Number: 337-521-7930 Fax Number: 521-7931

Teacher/Counselor: Susan Laughlin (Name) Data Liaison (Title) Email: SSlaughlin@lpssonline.com

STUDENT INFORMATION

Student Name: Ze'jon Taylor Grade: 7

Parent/Guardian: Cheryl Taylor (Name) Total Fund Requested: $ 225.00

Parent Phone Number: 225-588-5817 Parent's Contribution: $ —

Does this student qualify for free lunch? Yes X No ☐ Reason for assistance? Single Working Parent on a limited income.

ACTIVITY INFORMATION

Name of Activity: Summer School (LPSS) Date of Activity: May 31 - June 29

Is this activity: Academic, X Cultural, ☐ Personal Enrichment, ☐ or Other (Explain): See Attached Letter

Please itemize all trip expenses: 1. _____ $_____ 2. _____ $_____

3. _____ $_____ 4. _____ $_____

Susan Laughlin
Teacher / Counselor's Signature

Principal's Signature

Cheryl Taylor
Parent / Legal Guardian's Signature

Ze'Jon Taylor
Student's Signature

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

Revision: July 2017