

Date of Application:

5/18/18



"To provide opportunities so that every child's light will shine"
P.O. Box 60602, Lafayette, LA 70596

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

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: Ridge Elem.

Address: 2901 S. Fieldspan Duson La 70529
(Street) (City) (State) (Zip Code)

Phone Number: 337-356-6415 Fax Number: 337-521-7801

Teacher/Counselor: Taylor Paris teacher Email: trparis@lpssonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: _____ Grade: 1st

Parent/Guardian: _____ Total Fund Requested: \$ 55.00
(Name)

Parent Phone Number: _____ Parent's Contribution: \$ _____

Does this student qualify for free lunch? Yes No Reason for assistance? to provide a free field trip for all first graders.

ACTIVITY INFORMATION

Name of Activity: 1st grade field trip Date of Activity: May 9, 2018

Is this activity: Academic, Cultural, Personal Enrichment, or Other (Explain): _____

Please itemize all trip expenses: 1. Buses \$ 55.00 2. _____ \$ _____

3. _____ \$ _____ 4. _____ \$ _____

Taylor Paris
Teacher / Counselor's Signature

[Signature]
Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature