Date of Application: 1·10·19

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

Shining Light Foundation

P.O. Box 90602, 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: Prairie

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: T. Daigle (Name) Teacher (Title) Email: tndaigle@lpsonline.com

STUDENT INFORMATION

Student Name: Jace Avant Grade: K

Parent/Guardian: Candice Avant (Name) Total Fund Requested: $ 9.25

Parent Phone Number: 337 277-4420 Parent's Contribution: $ 0

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? homeless

ACTIVITY INFORMATION

Name of Activity: CYT Field trip Date of Activity: 2·15·19

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

Please itemize all trip expenses: 1. CYT·play $ 7.00 2. Bus $ 2.25

3. _____ $ _____ 4. _____ $ _____

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

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

Revised: July 2017