

Date of Application: 1-10-19

# Shining Light

Foundation

"The greatest opportunity is that every child's right to learn"

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) 445-2883 or mailed with a postmark by the 1<sup>st</sup> 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 15<sup>th</sup> of each month. One child per application, please. Questions? Contact John Broussard at (337) 298-1588.

## SCHOOL INFORMATION

Name of School: PrairieAddress: 2910 Ambassador Caffery Pkwy Lafayette LA 70506  
(Street) (City) (State) (Zip Code)Phone Number: 337 521-7790 Fax Number: 337 521-7791Teacher/Counselor: T. Daigle Teacher Email: tdaigle@lpssonline.com  
(Name) (Title)

## STUDENT INFORMATION

Student Name: Nathan Landos Grade: KParent/Guardian: Kelsey Landos Total Fund Requested: \$ 9.25  
(Name)Parent Phone Number: 337 735-6143 Parent's Contribution: \$ 0Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? homeless

## ACTIVITY INFORMATION

Name of Activity: CYT Field Trip Date of Activity: 2-15-19Is this activity: Academic ☒ Cultural ☐ Personal Enrichment ☐ or Other (Explain): \_\_\_\_\_Please itemize all trip expenses: 1. CYT Play \$ 7.00 2. BNS \$ 2.25

3. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_

Teacher/Counselor's Signature

Kelsey Landos

Parent/ Legal Guardian's Signature

Principal's Signature

Caryn Pover

Student's Signature