

Date of Application: 2-15-19

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: Woodvale Elem.

Address: 100 Leon Drive Lafayette, LA 70503
(Street) (City) (State) (Zip Code)

Phone Number: 521-7830 Fax Number: _____

Teacher/Counselor: Cedney Email: _____
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Kai Chevalier Grade(s): 2nd Number of Students: _____

Parent/Guardian: Shamar Chevalier Parent Phone Number: (337) 781-4114
(If applicable) (If applicable)

Do student(s) qualify for free lunch? Yes ☒ No ☐ If YES, approximately how many students? 4 Students

SPECIAL PROJECT INFORMATION

Type of Project / Need: Field Trip Total amount requested \$ 36⁰⁰/₁₀₀

Is there any other funding source for this project? Yes ☐ No ☒ If YES, please indicate the amount: \$ 36⁰⁰/₁₀₀

Please explain project and reason for funding need: Global Life
w/animal/Biome Unit

Date of Project: 4-5-19

Teacher/Counselor's Signature: Betty L. Broussard

Parent / Legal Guardian's Signature (If applicable): Shelli

Principal's Signature: M. Vides

Student's Signature (If applicable): Kai Chevalier

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

Revision July 2017