Date of Application: 2-15-19

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

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) 298-1580.

SCHOOL INFORMATION

Name of School: Woodvale Elem.

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

Phone Number: 521-7830 Fax Number: ____________

Teacher/Counselor: Gedney (Name) ____________ (Title) Email: ____________

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Peyton Counter Grade(s): 2nd Number of Students: ____________

Parent/Guardian: Ashley Stine (If applicable) Parent Phone Number: 740-877-0614 (If applicable)

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

SPECIAL PROJECT INFORMATION

Type of Project / Need: Field Trip Total amount requested $ 36.00

Is there any other funding source for this project? Yes ☐ No ☒ If YES, please indicate the amount: $ 36.00

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

Date of Project: 4-5-19

Betty L. Bal[illegible]
Teacher / Counselor's Signature

M. Vidos
Principal's Signature

[signature]
Parent / Legal Guardian's Signature
(If applicable)

Peyton Counter
Student's Signature
(If applicable)

All information and signatures must be provided for consideration of scholarship. Revision: July 2017

~~My Stepson Austin [illegible] attends school there would it be possible to get this trip for him too his teacher is [illegible]~~