

Date of Application: 2-22-19



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

20e

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) 795-1588.

SCHOOL INFORMATION

Name of School: Woodvale Elem.
 Address: 100 Leon Dr. Lafayette LA 70503
(Street) (City) (State) (Zip Code)
 Phone Number: 521-7830 Fax Number: _____
 Teacher/Counselor: Heidi Zerangue-Teacher Email: hzzerangue@lpssonline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Zoe 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 student

SPECIAL PROJECT INFORMATION

Type of Project / Need: Global Wildlife Field Trip Total amount requested \$ 36.00
 Is there any other funding source for this project? Yes ☐ No ☒ If YES, please indicate the amount: \$ _____
 Please explain project and reason for funding need: In Science we are studying animals and habitats. This field trip will allow the students the opportunity to see various animals in person. Date of Project: 4-5-19

Heidi Zerangue
 Teacher/Counselor's Signature
Shamar Chevalier
 Parent's/Guardian's Signature
(If applicable)

M. Vidas
 Principal's Signature
Zoe Chevalier
 Student's Signature
(If applicable)

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

Revised: July 2017