Date of Application: _____

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

Shining Light Foundation

P.O. Box 80602, 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: Truman Early Childhood Education Center

Address: 200 Clara St. (Street) Lafayette (City) LA (State) 70501 (Zip Code)

Phone Number: 337-521-7810 Fax Number: 337-521-7811

Teacher/Counselor: Bridget Richard (Name) teacher (Title) Email: bbrichard@lpssonline.com

STUDENT INFORMATION

Student Name: Christian Smith Grade: Pre-K

Parent/Guardian: Latoya Walker (Name) Total Fund Requested: $ 20.00

Parent Phone Number: 337-739-2951 Parent's Contribution: $ 0.00

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

ACTIVITY INFORMATION

Name of Activity: LA Arts & Science Museum Date of Activity: March 13, 2019

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

Please itemize all trip expenses: 1. bus $6.25 2. museum admission 13.75

3. _____ $ _____ 4. _____ $ _____

Bridget Richard
Teacher / Counselor's Signature

Shelley Chauvin
Principal's Signature

LaToya Walker
Parent / Legal Guardian's Signature

_____
Student's Signature

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

Revision: July 2017