Date of Application: 02/28/19

Shining Light Foundation

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) 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: Myrtle Place Elementary

Address: 1100 Myrtle Place (Street) Lafayette (City) LA (State) 70506 (Zip Code)

Phone Number: 337-521-7760 Fax Number: 337-521-7761

Teacher/Counselor: Moussa Sadou (Name) _____ (Title) Email: mysadou@lpssonline.com

STUDENT INFORMATION

Student Name: Orion Manuel Grade: 5th

Parent/Guardian: Sarah Manuel (Name) Total Fund Requested: $ 60

Parent Phone Number: 337 296 8092 Parent's Contribution: $ _____

Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? low income

ACTIVITY INFORMATION

Name of Activity: Space Center Houston Date of Activity: 5/8/2019

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

Please itemize all trip expenses: 1. Field Trip Fee $ 60.00 2. _____ $ _____

3. _____ $ _____ 4. _____ $ _____

Teacher / Counselor's Signature

Parent / Legal Guardian's Signature

Principal's Signature

orion

Student's Signature

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

Revision: July 2017