Date of Application: 2/15/19

Shining Light Foundation
P.O. Box 60602, Lafayette, LA 70506

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) 446-2800 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) 298-3588.

SCHOOL INFORMATION

Name of School: Woodvale

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

Phone Number: 337-521-7830 Fax Number: _____

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

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Austin Lyngra Grade(s): 2 Number of Students: _____

Parent/Guardian: _____ (If applicable) Parent Phone Number: 224-707-4254 (If applicable)

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

SPECIAL PROJECT INFORMATION

Type of Project / Need: _____ 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 wildlife trip with Animal Bone Unit

Date of Project: 4/5/19

Teacher / Counselor's Signature: Ethan Taylor

Parent / Legal Guardian's Signature (If applicable)

Principal's Signature: M. Vidos

Student's Signature (If applicable)

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

Revised: July 2017