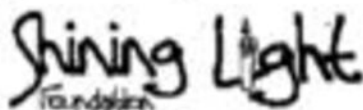


Date of Application: March 22, 2019



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) 446-2980 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) 298-1588.

SCHOOL INFORMATION

Name of School: Prairie Elementary

Address: 2910 Ambassador Caffery Lafayette LA 7050
(Street) PKWY (City) (State) (Zip Code)

Phone Number: (337) 521-7790 Fax Number: (337) 521-7791

Teacher/Counselor: Sarah Turner Teacher Email: Saturner@lpssonline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Catalina Cruz Grade(s): 5 Number of Students: 1

Parent/Guardian: Angelica Guzman Parent Phone Number: _____
(If applicable) (If applicable)

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

SPECIAL PROJECT INFORMATION

Type of Project / Need: 5th Grade End of the Year Field Trip Total amount requested \$ 50

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: Parents do not have funds to pay for the field trip.

Date of Project: MAY 10, 2019

STURNER
 Teacher / Counselor's Signature
Angelica Guzman G.
 Parent / Legal Guardian's Signature
(if applicable)

 Principal's Signature
Catalina Cruz G.
 Student's Signature
(if applicable)