Date of Application: 4/29/19

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: Ridge Elementary

Address: 2901 S. Fieldspar Rd. Duson, LA 70529
(Street) (City) (State) (Zip Code)

Phone Number: 337-521-7800 Fax Number: 337-521-7801

Teacher/Counselor: Tracey Sears, Counselor Email: tmsears@lpsonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Jacob Menard Grade: 3

Parent/Guardian: Dana Menard Total Fund Requested: $ 18.00
(Name)

Parent Phone Number: 337-230-4891 Parent's Contribution: $ 0.00

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? Family can not afford.

ACTIVITY INFORMATION

Name of Activity: Crawfish farm field trip Date of Activity: 5/10/19

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

Please itemize all trip expenses: 1. Crawfish farm $ 8.00 2. Bus $ 10.00

3. _____ $ _____ 4. _____ $ _____

Tracey Sears
Teacher / Counselor's Signature

[signature]
Principal's Signature

[signature]
Parent / Legal Guardian's Signature

Jacob
Student's Signature

All information and signatures must be provided for consideration of scholarship. Revision: July 2017

Cormier