

Date of Application: 4/29/19

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) 446-7880 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) 298-1388.

SCHOOL INFORMATION

Name of School: Ridge Elementary

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

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

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

STUDENT INFORMATION

Student Name: Kylon Wilson Grade: 3

Parent/Guardian: Derika Romero Total Fund Requested: \$ 18.00
(Name)

Parent Phone Number: 337-693-6571 Parent's Contribution: \$ -0-

Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? Can not afford at this time.

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. _____ \$ _____

Tracy Sears
Teacher / Counselor's Signature
Derika Romero

Kylon Wilson
Principal's Signature
Kylon Wilson