Approved Check mailed

RECEIVED 12/20/2019 15:47

Date of Application: 12/12/19

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

**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: Truman ECEC

Address: 200 Clara St (Street) Lafayette (City) LA (State) 70501 (Zip Code)

Phone Number: 337 521 7810 Fax Number: 337 521 7811

Teacher/Counselor: Bridget Richard (Name) teacher (Title) Email: bbrichard@pcsnlive.com

**STUDENT INFORMATION**

Student Name: Kylee Wright Grade: PK

Parent/Guardian: Kevin Wright (Name) Total Fund Requested: $ 21.00

Parent Phone Number: 337 608 2191 Parent's Contribution: $ 0

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? _____

**ACTIVITY INFORMATION** trip to

Name of Activity: LA Science Museum Date of Activity: 1/31/2020

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

Please itemize all trip expenses: 1. Entry Fee $ 13.00 2. Transportation Fee $ 8.00

3. _____ $ _____

BRichard
Teacher / Counselor's Signature

Kevin Wright
Parent / Legal Guardian's Signature

Principal's Signature Stephanie Frazier approved

Student's Signature

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

2 ½