

Due 1/31/20

Date of Application: 1/30/20

Shining Light
Foundation

P.O. Box 60602, Lafayette, LA 70598

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be filed to John Broussard at (337) 466-2880 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: Woodvale Elementary

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

Phone Number: 521-7830 Fax Number: (337) 521-7831
(337)

Teacher/Counselor: Jackie Quoyeser teacher Email: jjquoyeser@lpssonline.com
(Name) (Title)

STUDENT INFORMATION

Student Name: Carter Seay Grade: 2

Parent/Guardian: Kirby Banks Total Fund Requested: \$ 42⁰⁰
(Name)

Parent Phone Number: 337 247-8427 Parent's Contribution: \$ _____

Does this student qualify for free lunch? Yes No Reason for assistance? poverty

ACTIVITY INFORMATION

Name of Activity: NOLA - Audobon Aquarium Date of Activity: 3/12/20
Butterfly Garden/Insectarium

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

Please itemize all trip expenses: 1. Bus \$ 26⁰⁰ 2. Tickets \$ 15⁵⁰

3. _____ \$ _____ 4. _____ \$ _____ 5. _____ \$ _____

J. Quoyeser
Teacher / Counselor's Signature

Kirby Banks
Parent / Legal Guardian's Signature

Marique Vidos
Principal's Signature

Carter Seay
Student's Signature

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

Revised: July 2017