Date of Application: _____

Shining Light Foundation

P.O. Box 80602, 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: Baranco Elem

Address: 801 Mudd Ave (Street) Lafayette (City) LA (State) 70501 (Zip Code)

Phone Number: 337 521 7500 Fax Number: _____

Teacher/Counselor: Savana Oehmann (Name) Teacher (Title) Email: Slobhmann@lpssonline.com

STUDENT INFORMATION

Student Name: D'mahon Thomas Grade: 1st

Parent/Guardian: Shaneka Thomas (Name) Total Fund Requested: $ 11.08

Parent Phone Number: 504 702 9254 Parent's Contribution: $ _____

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

ACTIVITY INFORMATION

Name of Activity: Zoo of Acadiana Field trip Date of Activity: 02/28/2020

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

Please itemize all trip expenses: 1. Transportation $ 1.72 2. Zoo admission $ 9.36

3. _____ $ _____ 4. _____ $ _____

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

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

Revision: July 2017

02/11/2020 TUE 8:08 FAX 010/014