Date of Application: 10/17/24

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION

PLEASE PRINT

APPLICATION INFORMATION: Applications must be found to Carolyn French at (337) 534-4421 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 School

Address: 100 Leon Dr. (Street) Lafayette, (City) LA (State) 70506 (Zip Code)

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

Teacher/Counselor: Aimée Hamilton (Name) (Gifted Teacher) (Title) Email: abhamilton@lpssonline.com

STUDENT INFORMATION

Student Name: Savanna Derrick Grade: 3

Parent/Guardian: Lindsey Faulk (Name) Total Fund Requested: $ 100.00

Parent Phone Number: (337) 534-2993 Parent's Contribution: $ 0

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? We had to allocate funds elsewhere for an unforeseen emergency.

ACTIVITY INFORMATION

Name of Activity: Gifted Space Center Fieldtrip Houston Date of Activity: 1/23/25

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

Please itemize all trip expenses: 1. Field trip fee $100 2. _____ $ _____

3. _____ $ _____ 4. _____ $ _____

Aimée Hamilton — Teacher / Counselor's Signature

[signature] — Principal's Signature

Lindsey M. Faulk — Parent / Legal Guardian's Signature

Savanna — Student's Signature

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