Date of Application: _____

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed 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

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

Phone Number: 337 521 7830 Fax Number: _____

Teacher/Counselor: Lauren Hatley (Name) _____ (Title) Email: lphatley@lpssonline.c

STUDENT INFORMATION

Student Name: Braxton Zorn Grade: 2nd

Parent/Guardian: Falyn Granger (Name) Total Fund Requested: $ 75.00

Parent Phone Number: 337 852 9363 Parent's Contribution: $ _____

Does this student qualify for free lunch? Yes ☒ No ☐ Reason for assistance? foodstamps/ Low income

ACTIVITY INFORMATION

Name of Activity: Gifted Trip to Lafayette Art & Science Museum Date of Activity: April 3, 2025

Is this activity: Academic, ☐ Cultural, ☐ Personal Enrichment, ☒ or Other (Explain): Gifted enrichment

Please itemize all trip expenses: 1. _____ $ _____ 2. _____ $ _____

3. _____ $ _____ 4. _____ $ _____

Teacher / Counselor's Signature Lauren Hatley Principal's Signature _____

Parent / Legal Guardian's Signature Falyn Granger Student's Signature BRAYTON ZORN

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