

**SHINING LIGHT FOUNDATION
EXTRA CURRICULAR ASSISTANCE
GUIDELINES**

The Shining Light Mission Statement:

To provide financial assistance to individual children for academic, cultural and personal enrichment so that every child's light will shine.

Who is Eligible to Submit Applications?

Any teacher, guidance counselor, or principal in pre-K through grade eight (8) public schools in Lafayette Parish is eligible to submit an application. No more than five (5) applications per class per event will be considered.

Qualifications for Scholarship Awards:

Any individual student enrolled in pre-K through grade eight (8) in a Lafayette Parish public school who has specific needs related to academic, cultural and personal enrichment.

Scholarship Amounts:

Subject to student needs and available funds.

Time Frame:

The committee must receive the application on or before the 1st of the month in order to be considered that month. Any applications received after that date may not be considered until the following month. School board employees will be notified by the 15th of the month whether or not the application was granted. Please note: scholarship checks will be written once a month at our monthly meeting.

Application Checklist:

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- Completed Shining Light Application form.
 - Application must be signed by all of the following:
 - a. Teacher or guidance counselor
 - b. Parent or Legal Guardian
 - c. Student
 - d. Principal
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- To ensure timely consideration, application must be received by the first of the month.
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Shining Light Foundation Information:

The Shining Light Foundation is a private, non-profit, tax-exempt, 501 (c) (3) charitable organization governed by a board of directors. For additional information about the Shining Light Foundation, visit our website at www.shininglightfoundation.org or write to us at: The Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

Date of Application: _____



P.O. Box 60602, Lafayette, LA 70596

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION

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: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Teacher/Counselor: _____ Email: _____
(Name) (Title)

STUDENT INFORMATION

Student Name: _____ Grade: _____

Parent/Guardian: _____ Total Fund Requested: \$ _____
(Name)

Parent Phone Number: _____ Parent's Contribution: \$ _____

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

ACTIVITY INFORMATION

Name of Activity: _____ Date of Activity: _____

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

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

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