Date of Application: 1-5-06

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Shining Light Use Only:
Granted: _____
Not Granted: _____
Amount: _____

Shining Light foundation

P.O. Box 60602
Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2003-2004

APPLICATION INFORMATION: Applications must be faxed or postmarked by the 15th of the month. Faxes must have a cover sheet, attention Ruth Duhon or Melissa W. Douet.

J W Faulk — School

$ Flute Rent — Funding Request

Mr. O'Connor — School Board Employee

Counselor — Position

711 E willow Lafayette, LA 70501 — School Address

Mrs Mays — Principal

Kaley Pierre — Student that will receive funding

Susan Pierre — Parent name

202 Venus Dr — Student address

LA — City

70501 — Zip

(337) 504-4306 — Phone number

_____ — Title of enrichment activity student will participate in

Date of activity

Area of Interest: _____ Academic Enrichment
_____ Personal Enrichment
✓ Cultural Enrichment

Describe the specific cost of the enrichment activity the student will participate in. **Itemize costs.**

Band

Why does this student qualify for this assistance?

Low income

Mr O'Connor — School Board Employee Signature

Carol A Mays — Principal Signature

Susan Pierre — Parent/ Legal Guardian Signature

Kaley Pierre — Student Signature

*All scholarship checks will be made payable to the school/ school board employee.

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