

Date of Application: _____

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

Shining Light Foundation



Voided
12/21/05

P.O. Box 60602
Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2001-2002

APPLICATION INFORMATION: Applications must be postmarked by the 15th of the month. (See Back)

J.W Fain \$ Clarinet (rent)
 School Funding Request

Mr. J. O'Connor Counselor
 School Board Employee Position

711 East Willow St. Natilie
 School Address Principal

Band ROY BOB
 Student that will receive funding Parent name

1615 12th St Lafayette, La. 70501 237-6929
 Student address City Zip Phone number

Band
 Title of enrichment activity student will participate in

Area of Interest: Academic Enrichment Cultural Enrichment
 Personal Enrichment

Describe the enrichment activity the student will participate in.
Band

Why does this student qualify for this assistance?
Low income

Mr. O'Connor
 School Board Employee Signature

Carl H. Inay
 Principal Signature

Native Woods
 Parent/ Legal Guardian Signature

Chasitey Leopark
 Student Signature

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

18