

Date of Application: _____

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

Shining Light

Foundation



*Added
12/12/05*

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 Faulk \$ Drum (Rent)
School Funding Request

mk. olana Counselor
School Board Employee Position

70501 711 E willow Nattie ms. mays.
School Address Principal

Thomas woods _____
Student that will receive funding Parent name

214 Frank Laf 70501 269-1570
Student address City Zip Phone number

Band _____
Title of enrichment activity student will participate in Date of activity

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

mk. olana
School Board Employee Signature

C. Mays
Principal Signature

Nattie woods
Parent/ Legal Guardian Signature

Thomas woods
Student Signature

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

Handwritten mark

(20)
\$