

Date of Application: _____

Shining Light Use Only:

Granted: _____

Not Granted: _____

Amount: _____

Shining Light



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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 \$ 10.00
School Funding Request

J W Faulk / Desmond Olanrewaju Counselor
School Board Employee Position

711 E Willow ms. mays
School Address Principal

Byron K. Breaux Jr. Byron K Breaux Sr
Student that will receive funding Parent name

2404 E. Pinhook Rd Lafayette LA 70501 264-7157
Student address City Zip Phone number

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.

Field trip, spirit skirt

Why does this student qualify for this assistance?

Parent needs assistance

Desmond Olanrewaju
School Board Employee Signature

Byron K Breaux Jr.
Parent/ Legal Guardian Signature

Casal A. Mays
Principal Signature

Byron K Breaux Jr.
Student Signature

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

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