Date of Application: 2/16/06

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

1321

Shining Light Foundation

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 O'Connor — Counselor
School Board Employee — Position

711 E willow — Mrs. Mays
School Address — Principal

x Trailand Broussard — Patricia Broussard — Large
Student that will receive funding — Parent name

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.

Why does this student qualify for this assistance?
Parent in need of assistance

Desmond O'Connor — Carol G. Mays
School Board Employee Signature — Principal Signature

x Patricia Broussard — x Trailand Broussard
Parent/ Legal Guardian Signature — Student Signature

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

2/3

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