

Date of Application: _____

Shining Light Use Only:

Granted: _____

Not Granted: _____

Amount: _____

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. Falik

School

\$ Clarinet (Rent)

Funding Request

mr. O'Connor

School Board Employee

Marie Counselor

Position

70501 711 E. Willow

School Address

[Signature]
Principal

70501

Student that will receive funding

Jaleel Kelly

Parent name

Charlotte Kelly

Student address

City

Zip

Phone number

114 Frank Street

231-9587

Title of enrichment activity student will participate in

Date of activity

Area of Interest: ☐ Academic Enrichment
☐ Personal Enrichment

☒ Cultural Enrichment

Describe the enrichment activity the student will participate in.

PEBB

Why does this student qualify for this assistance?

Low Income

mr. O'Connor

School Board Employee Signature

Charlotte Kelly

Parent/ Legal Guardian Signature

Charles A. May

Principal Signature

Jaleel Kelly

Student Signature

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