Date of Application: _____

Shining Light Use Only:
Granted: 10-9-06
Amount: 50.00
Check Number: 1327

Shining Light Foundation

"To provide opportunities so that every child's light will shine"

P.O. Box 60602
Lafayette, LA 70596

**EXTRA CURRICULAR ASSISTANCE**
**SCHOLARSHIP APPLICATION 2005-2006**
**FIELD TRIP APPLICATION**

**APPLICATION INFORMATION:** Applications must be faxed or postmarked by the 1st of the month. (See Back) All scholarship checks will be made payable to the school and sent by the 15th of each month.
*One Activity per application please.

Charles Burke — School
$ 50.00 — Funding Request

School Board Employee | Position | Phone Number

Dusty Trahan — Student who will receive funding
Earline Abshire — Parent's Name
$ 25.00 — Parent's Contribution

-> 3rd — Student's Grade
Student's Teacher
322-3665 — Parent's phone number

Sylvan
Multiplication/Division Camp — Title of enrichment activity
July 31st-Aug 4th — Date of Activity

School Address
Principal

Area of Interest: ✓ Academic ____ Cultural ____ Personal Enrichment

Describe the enrichment activity the student will participate in. Please itemize trip expenses.

1. _____ 2. _____
3. _____ 4. _____

Why does this student qualify for this assistance? _____

School Board Employee Signature
Susan F. Merritt — Principal Signature
School Counselor

*Earline Abshire — Parent / Legal Guardian Signature
Student Signature

*All information and signatures must be provided for consideration of scholarship. Please Fax to Michelle Izzo at (337) 232-1301 or mail to Michelle Izzo, 1005 E. St. Mary Blvd. Suite 207, Lafayette, LA 70503.

37