Bruce

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.

S.J. Montgomery
School

$ _____
Funding Request

_____
School Board Employee

_____
Position

337-7958/280-0674
Phone Number

Jeremiah Joe
Student who will receive funding

Pris Joe
Parent's Name

$ 25.00
Parent's Contribution

4th
Student's Grade

_____
Student's Teacher

2800674
Parent's phone number

_____
Title of enrichment activity

July 31 - Aug 4
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

Marlene Hoover
Principal Signature Counselor

Pris Joe
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.

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