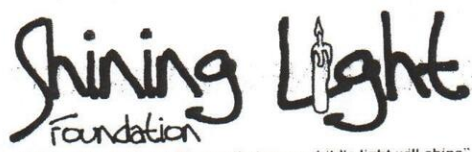


Date of Application: 11-01-06

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: 1536



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

P.O. Box 60602
Lafayette, LA 70596

**EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2006-2007
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.**

Duson Elem. School Funding request \$ 6.50
Jamie Lavolette Teacher Position Phone Number 873-6629
School Board Employee
Kenya Brown Student who will receive funding Parent's Name Shantell Brown \$ _____ Parent's Contribution
1 Student's Grade Student's Teacher Jamie Lavolette Parent's phone number 935-6327

Wild 4 Learning Concert Title of enrichment activity Date of Activity 11/6/07
301 4th St. School Address Principal Mary Nell Domingue

Area of Interest: Academic Cultural Personal Enrichment

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

- 1. Wild 4 Learning Tickets \$4.00
- 2. _____
- 3. Wild 4 Learning bus \$2.50
- 4. _____

Why does this student qualify for this assistance? low income

Jamie Lavolette
School Board Employee Signature
Shantell Brown
Parent / Legal Guardian Signature

Mary Nell Domingue
Principal Signature
Kenya Brown
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.