

Date of Application: _____

Shining Light Use Only:

Granted: _____

Not Granted: _____

Amount: 1507

Shining Light Foundation



P.O. Box 60602
Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2001-2002

2.00 gift
3.00 bus
5.00 lunch

APPLICATION INFORMATION: Applications must be postmarked by the 15th of the month. (See Back)

J.W. Faulk \$ 10.00
School Funding Request

J. Laurent Teacher
School Board Employee Position

711 E. Willow Mr. Mays
School Address Principal

Shamar Narcisse Barbara Calis
Student that will receive funding Parent name

101 Resha Rd Breau Bridge, LA. 70517 896-4533
Student address City Zip Phone number

Math Social Living + Social Skills 12-08-06
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.

The student will address & develop fine motor skills and social skills in the community & increase mathematical comprehension.

Why does this student qualify for this assistance?

This child is in a family requiring financial assistance, which is unable to afford this learning experience and needs required by school.

[Signature]
School Board Employee Signature

[Signature]
Principal Signature

[Signature]
Parent/ Legal Guardian Signature

Student Signature

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