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 — School
$ 10.00 — Funding Request
J. Laurent — School Board Employee
Teacher — Position
711 W. Willow St. Laf. LA. 70501 — School Address
Ms. Mays — Principal
Jamar Narcisse — Student that will receive funding
Barbara Calais — Parent name
101 Resha Rd. Breaux Bridge, LA. 70517 — Student address
896-4533 — Phone number
Math, Social Living + Social Skills — Title of enrichment activity student will participate in
12-08-06 — 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 and develop fine motor skills and social skills in the community and increase mathematical comprehension.

Why does this student qualify for this assistance?
This child is in a family required financial assistance, which is unable to afford this learning experience and needs required by school.

Julie Laurent — School Board Employee Signature
Carol A. Mays — Principal Signature
Parent/ Legal Guardian Signature
Student Signature

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

55