

Date of Application: _____

Shining Light Use Only:
 Granted: 5-17-08
 Amount: 20.00
 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 2006-2007 FIEL 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.

JW James \$ 20.00
 School _____ Funding Request _____
Sonia Hartley Counselor 234-0461
 School Board Employee _____ Position _____ Phone Number _____
Derranika Bob Shelly Gatch \$ _____
 Student who will receive funding _____ Parent's Name _____ Parent's Contribution _____
5th Heeger 326-7646
 Student's Grade _____ Student's Teacher _____ Parent's phone number _____
Brec Zoo 4-24-08
 Title of enrichment activity _____ Date of Activity _____
1500 W. Willowst Schemersahl
 School Address _____ Principal _____
Scott LA 70503

Area of Interest: ☒ Academic ☒ Cultural ☒ Personal Enrichment

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

- | | | | |
|-------------------|-----------------|-----------------|----------------|
| 1. <u>Gas/Bus</u> | \$ <u>11.50</u> | 2. <u>Lunch</u> | \$ <u>6.00</u> |
| 3. <u>Entry</u> | \$ <u>1.00</u> | 4. <u>Train</u> | \$ <u>1.50</u> |

Why does this student qualify for this assistance? _____

Sonia Hartley Sonia St. Schemersahl
 School Board Employee Signature _____ Principal Signature _____
Emme Gatch 234-8169 Derranika Bob
 Parent / Legal Guardian Signature _____ Student Signature _____
WK 5729340

*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, 1006 E. St. Mary Blvd. Suite 207, Lafayette, LA 70503.