



Application for Community Grant

Return completed form to the Walmart where you obtained this application

Facility Use Only
Facility #:

City:

Manager's Name (signed and printed):

ST: LA

Amount Requested: \$ 2,000.00

This application must be completed and kept in record retention for three years at your facility

To be Completed by the Organization:
Select one:

IRS designated ☒ 501(c) (3)* organization OR: ☐ Public School ☐ Federal, State or Local Government Agency**
*Organizations must (1) have a current tax-exempt status under Section 501(c) (3) of the Internal Revenue Service Code, (2) must qualify as a public charity under Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code, and (3) must be listed in the most current IRS 50 State Master File at the time of application.
**Any grant of funds to a governmental entity would be conditioned upon the funds being used exclusively for public purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

Federal 501(c) (3) Tax ID #: (9 digits) 721405319

Public Charity Status: ☐ 509(a) (1) or ☐ 509(a) (2)

Organization Name:

The Shining Light Foundation

Address:

P.O. Box 60602

City: Lafayette

Contact Name:

Carelyn French Ph.D.

Contact Phone:

337-266-6085

ST: LA

Zip: 70591

What service does your organization provide to the community?
We provide funds at the request of school personnel to allow individual students

to participate in field trips, band and other activities that parents cannot afford to provide assistance to individual children for academic, cultural and personal enrichment

Specifically, how will funds from this grant be utilized in your local community?
To provide assistance to individual children for academic, cultural and personal enrichment in Lafayette Parish Public Schools - Grades K-6.

If awarded a grant, will the funds be utilized within this LOCAL community? ☒ Yes ☐ No

Which of the following groups will this funding primarily benefit? This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. Please select only the most appropriate:
☐ Hispanic ☒ African American ☐ Asian American ☐ Native American ☐ Disabled Community ☐ Other

☒ By checking this box, Organization acknowledges that if awarded a grant, there is no obligation to buy merchandise from any Wal-Mart Stores Inc, location

Organization Representative: By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations requesting grant funding must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless completed and signed by all parties.

Signed: Carelyn French Ph.D.

Printed:

Carelyn French Ph.D.

Date:

4/21/2009

pay.