

Date of Application: 1/22/08

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

Shining Light Foundation

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



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P.O. Box 60602
Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2008-2009

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 the month. ***One Activity per application please.**

School Duson Elementary Funding Request \$ 10.50

School Board Employee Angela Simmons Position Counselor Phone Number 8736629

Student who will receive funding Brandasha Felix 1st grad. Parent's Name Anna Felix Parent's Contribution \$ -0-

Student's Grade 1st Student's Teacher J. Lavolette Parent's phone number 8734471

Title of enrichment activity "Give a Pig a Pancake" Play Date of Activity 11/6/08

School Address 301 4th St./PO Box 7, Duson 70529 Principal K. Rayburn

Area of Interest: Academic Cultural Personal Enrichment

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

- | | | | |
|----------------|----------------|----------|----------|
| 1. <u>Play</u> | \$ <u>7.50</u> | 2. _____ | \$ _____ |
| 3. <u>Bus</u> | \$ <u>3.00</u> | 4. _____ | \$ _____ |

Why does this student qualify for this assistance? Financial hardship for family

Angela Simmons
School Board Employee Signature

Katherine Rayburn
Principal Signature

Brandasha Felix
Parent / Legal Guardian Signature

Brandasha Felix
Student Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-984-7785. Please Fax application to John Broussard at (337) 984-7535 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.