

Date of Application: 9/22/08

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

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 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.

Duson Elementary School \$10.50 Funding Request
Angela Simmons School Board Employee Counselor Position 8736629 Phone Number
Blaise Cormier Student who will receive funding Bennie Cormier Parent's Name \$ - 0 - Parent's Contribution
1 Student's Grade J. Laviolette Student's Teacher 873-6177 Parent's phone number
"Give a Pig a Pancake" Play Title of enrichment activity 11/6/08 Date of Activity
301 4th St. / PO Box 7, Duson 70129 School Address K. Rayburn Principal

Area of Interest: ☒ Academic ☐ Cultural ☐ Personal Enrichment

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

1. Play \$ 750
2. _____ \$ _____
3. bus \$ 300
4. _____ \$ _____

Why does this student qualify for this assistance?

Family financial hardship for

Blaise Simmons
School Board Employee Signature

Bennie Cormier
Parent / Legal Guardian Signature

Katherine Rayburn
Principal Signature

Blaise
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.