

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"



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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.

Duson Elementary \$ 10.50
School Funding Request

Angela Simmons counselor 8736629
School Board Employee Position Phone Number

Carla Mathis Wendy Mathis \$ - 0 -
Student who will receive funding Parent's Name Parent's Contribution

K D. Trahan 247 3504
Student's Grade Student's Teacher Parent's phone number

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

301 4th St. / PO Box 7, Duson 70729 K. Rayburn
School Address Principal

Area of Interest: Academic Cultural Personal Enrichment

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

- play \$ 7.50
- _____ \$ _____
- bus \$ 3.00
- _____ \$ _____

Why does this student qualify for this assistance? financial hardship for

Family
Angela Simmons
School Board Employee Signature
Wendy Mathis
Parent / Legal Guardian Signature

Katherine Rayburn
Principal Signature
Carla Mathis
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.