


Date of Application: \_\_\_\_\_

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 1<sup>st</sup> of the month.  
 (See Back) All scholarship checks will be made payable to the school and sent by the 15<sup>th</sup> of the month.  
 \*One Activity per application please.

E. Gallet  
 School \_\_\_\_\_ \$ 550  
 Funding Request \_\_\_\_\_

S. Bizzio Teacher 856 1934  
 School Board Employee Position Phone Number

Crystalyn Carter Rachel Carter  
 Student who will receive funding Parent's Name \$ \_\_\_\_\_  
 Parent's Contribution \_\_\_\_\_

5 S. Bizzio  
 Student's Grade Student's Teacher 337 859-1554  
 Parent's phone number \_\_\_\_\_

Lat High Disney Music Oct 31-08  
 Title of enrichment activity Date of Activity

2901 E. Milton Ave Bonvillain  
 School Address Youngsville LA 70592 Principal

Area of Interest: Academic  Cultural  Personal Enrichment

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

1. Admiss. \$ 300 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. Bus \$ 250 4. \_\_\_\_\_ \$ \_\_\_\_\_

Why does this student qualify for this assistance? cannot afford  
monthly expense

Shells Bizzio School Board Employee Signature  
Rachel Carter Parent / Legal Guardian Signature  
Jacqueline Bonvillain Principal Signature  
Crystalyn Carter 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.