Date of Application: 11/7/08

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
$ 9.00 — Funding Request
Christine Murray — School Board Employee
1st grade teacher — Position
873-6629 — Phone Number
Cynthia Charpentier — Student who will receive funding
Vicki Menard — Parent's Name
$ -0- — Parent's Contribution
1st — Student's Grade
C. Murray — Student's Teacher
337-704-1250 — Parent's phone number
Slim Goodbody — Title of enrichment activity
1-27-09 — Date of Activity
301 4th St / PO Box 7, Duson 70529 — School Address
Katherine Rayburn — Principal

Area of Interest: ✓ Academic ____ Cultural ____ Personal Enrichment

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

1. Program $6.00
2. Bus $3.00
3. [illegible] $
4. $

Why does this student qualify for this assistance? Parents have trouble coming up with the money due to other expenses.

Christine Murray
School Board Employee Signature

Katherine Rayburn
Principal Signature

Vicki Menard
Parent / Legal Guardian Signature

x Cynthia
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.