Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: 57

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.**

Broadmoor Elementary — School
$ 42.50 — Funding Request
R. Spencer — School Board Employee
Teacher — Position
984-3399 — Phone Number
Ebony St Julian — Student who will receive funding
Erica Ebbie St Julian — Parent's Name
$ 0 — Parent's Contribution
4th — Student's Grade
R. Spencer — Student's Teacher
_____ — Parent's phone number
Johnson Space Center in Houston — Title of enrichment activity
April 9, 2008 — Date of Activity
1009 Broadmoor Blvd. — School Address
Cindy Dukes — Principal

Area of Interest: ✓ Academic ✓ Cultural ✓ Personal Enrichment

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

1. Entry $ 10
2. Lunch $ 8
3. Bus $ 24
4. _____ $ _____

Why does this student qualify for this assistance? Father is disabled and there are 4 children in the home

_____ — School Board Employee Signature
_____ — Principal Signature
Erica St Julian — Parent / Legal Guardian Signature
Ebony St. Julian — 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.