

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 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

\$ 42.00
 Funding Request

R. Spencer
 School Board Employee

Teacher
 Position

984-3397
 Phone Number

Teara Frank
 Student who will receive funding

Genevia Frank
 Parent's Name

\$ 0
 Parent's Contribution

4th
 Student's Grade

R. Spick
 Student's Teacher

849-8175
 Parent's phone number

Johnston Space Center Newton
 Title of enrichment activity

April 9, 2008
 Date of Activity

609 Broadmoor Blvd.
 School Address

Cindy Duke
 Principal

Area of Interest: ☒ Academic ☒ Cultural ☒ Personal Enrichment

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

- | | | | |
|-----------------|-----------------|-----------------|----------------|
| 1. <u>Entry</u> | \$ <u>10.00</u> | 2. <u>Lunch</u> | \$ <u>8.00</u> |
| 3. <u>Bus</u> | \$ <u>24.00</u> | 4. _____ | \$ _____ |

Why does this student qualify for this assistance? this student is being raised by a single grandparent who is not employed

[Signature]
 School Board Employee Signature

Cindy Duke
 Principal Signature

[Signature]
 Parent / Legal Guardian Signature

Teara LaShia Frank
 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) 984-7536 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.