Date of Application: 10/14/09

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 2009-2010

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 each month.
***One Activity per application please.**

Duson Elem. — School
$ 16.50 — Funding Request
Angela Simmons — School Board Employee
Counselor — Position
8736629 — Phone Number
Annaliyah Mouton — Student who will receive funding
Nola Semere — Parent/Guardian's Name
$ 0 — Parent's Contribution
K — Student's Grade
Woodel — Student's Teacher
337-303-1892 — Parent's phone number
301 4th St. PO Box 7 Duson, 70529 — School Address
K. Rayburn — Principal
Giddy Up & Learn — Title of enrichment activity
11/4/09 — Date of Activity

Area of Interest: ✓ Academic ✓ Cultural ✓ Personal Enrichment

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

1. Concert $ 4.50
2. bus ride $ 2.00
3. _____ $ _____
4. _____ $ _____

Why does this student qualify for this assistance? Family is experiencing financial difficulties @ this time & child would be unable to participate.

School Board Employee's Signature

Katherine Rayburn
Principal's Signature

Nola Semere
Parent / Legal Guardian's Signature

X Ahh
Student's Signature

*All information and signatures must be provided for consideration of scholarship. **For more information call John Broussard at 337-298-1588. Please Fax application to John Broussard at (337) 984-7535** or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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