

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.

School: Duson Elementary Funding Request: \$ 9⁰⁰

School Board Employee: Debra Trahan K-Teacher Position Phone Number: 873-6629

Student who will receive funding: Miracle Carter Parent/Guardian's Name: Mary Carter Parent's Contribution: \$ _____

Student's Grade: K Student's Teacher: Debra Trahan Parent's phone number: _____

School Address: P.O. Box 7 Duson LA 70529 Principal: K. Rayburn

Title of enrichment activity: Zoo of Acadiana Date of Activity: April 15, 2010

Area of Interest: Academic Cultural Personal Enrichment

- Describe the enrichment activity the student will participate in. Please itemize all trip expenses.
1. Admission to Zoo \$ 3⁵⁰
 2. Transportation to zoo \$ 3⁰⁰
 3. Train Ride at Zoo \$ 2⁵⁰
 4. _____ \$ _____

Why does this student qualify for this assistance? because I can't afford to pay for her

School Board Employee's Signature: Debra S. Trahan Principal's Signature: Katherine Rayburn

Parent / Legal Guardian's Signature: Mary Carter Student's Signature: MIRACLE

*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) 984-7835 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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