

Shining Light Foundation

To provide opportunities so that every child's light will shine

Check Number: _____



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 Elementary School \$ 3⁰⁰ Funding Request

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

QunaiSha Duhon Student who will receive funding Laisha Duhon Parent/Guardian's Name \$ 0 Parent's Contribution

K Student's Grade Debra Trahan Student's Teacher 3449395 Parent's phone number

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

Lafayette Science Museum Title of enrichment activity April 14, 2010 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. Transportation cost \$ 3⁰⁰
2. _____ \$
3. _____ \$
4. _____ \$

Why does this student qualify for this assistance? Financial hardship

Debra S Trahan
School Board Employee's Signature
QunaiSha Duhon
Parent / Legal Guardian's Signature

Kathleen Ruyh
Principal's Signature
QunaiSha Duhon
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) 984-7525 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

112