

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

Granted: _____
Amount: _____
Check Number: _____

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 Elem. Funding Request \$ 300

School Board Employee T. Woodel Position teacher Phone Number 873-6629

Student who will receive funding Yerimi Infante Parent/Guardian's Name E. Infante \$ _____
Parent's Contribution

Student's Grade K Student's Teacher T. Woodel Parent's phone number _____

School Address P.O. Box 7 Duson, La Principal K. Rayburn

Lafayette Science Museum and Planetarium Title of enrichment activity 70529

Area of Interest: Academic Cultural Personal Enrichment

Date of Activity 4/15/10

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

- bus ride to LSC+P \$300
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Why does this student qualify for this assistance? No money to pay.

Jimmy Woodel
School Board Employee's Signature

Katherine Rayburn
Principal's Signature

ERICA Infante
Parent / Legal Guardian's Signature

Yerimi
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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