Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Date of Application: 11/30/09

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 2007-2008

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.**

Ernest Gallet Elementary — School
$ 10.00 — Funding Request
Donna Shotwell — School Board Employee
Teacher — Position
856-1934 — Phone Number
Elizabeth Sullivan — Student who will receive funding
Sara Sullivan — Parent's Name
$ -0- — Parent's Contribution
1st — Student's Grade
D. Shotwell — Student's Teacher
234-5520 — Parent's phone number
Sucessical The Play — Title of enrichment activity
2-9-2010 — Date of Activity
2901 E. Milton Ave. Youngsville, LA 70592 — School Address
N. Thomas — Principal

Area of Interest: ✓ Academic ____ Cultural ____ Personal Enrichment

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

1. Play	$ 8.00	2.	$
3. Bus	$ 2.00	4.	$

Why does this student qualify for this assistance? Parents are very supportive. All school fees are paid. Parents are having a difficult time financially. They could use a little help at the time.

Donna Shotwell — School Board Employee Signature
_____ — Principal Signature
_____ — Parent / Legal Guardian Signature
Elizabeth Sullivan — Student Signature

*All information and signatures must be provided for consideration of scholarship. For more information please contact Michelle Izzo at 337-504-2812, please fax application to John Broussard (337) 984-7535 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596

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