

Date of Application: 11/20/09

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.

School: Duson Elementary Funding Request: \$ 900

School Board Employee: Angela Simmons Position: Counselor Phone Number: 8736 29

Student who will receive funding: Chandler Douget Parent/Guardian's Name: Arita Douget Parent's Contribution: \$ 0

Student's Grade: 1st Student's Teacher: J. Lariolette Parent's phone number: 351-100

School Address: 301 4th St. / PO Box 7 Principal: K. Rayburn

Title of enrichment activity: Slim Goodbody Date of Activity: 01/28/10

Area of Interest: Academic Cultural Personal Enrichment

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

- Ticket \$ 6.00
- _____ \$ _____
- Bus \$ 300
- _____ \$ _____

Why does this student qualify for this assistance? Financial hardship

[Signature]
School Board Employee's Signature

[Signature]
Parent / Legal Guardian's Signature

[Signature]
Principal's Signature

[Signature]
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 7536 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

ATTN: JOHN BROUSSARD

18