

Date of Application: 11/10/09

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.**

<u>Duson Elementary</u>		<u>\$ 9.00</u>
School		Funding Request
<u>Angela Simmons</u>	<u>Counselor</u>	<u>873 6629</u>
School Board Employee	Position	Phone Number
<u>Shanta Charles</u>	<u>Laura Broussard</u>	<u>\$ 0</u>
Student who will receive funding	Parent/Guardian's Name	Parent's Contribution
<u>1st</u>	<u>J. Laviolette</u>	<u>318 840 9907</u>
Student's Grade	Student's Teacher	Parent's phone number
<u>301 4th St. / PO Box 7</u>	<u>K. Rayburn</u>	
School Address	Principal	
<u>Slim Goodbody</u>	<u>01/28/10</u>	
Title of enrichment activity	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. <u>Ticket</u> <u>\$6.00</u>	2. _____ \$ _____	
3. <u>Bus</u> <u>\$3.00</u>	4. _____ \$ _____	
Why does this student qualify for this assistance? <u>Financial Hardship</u>		
<u>For Family</u>		
<u>Angela Simmons</u>	<u>Katherine Rayburn</u>	
School Board Employee's Signature	Principal's Signature	
<u>Laura Broussard</u>	<u>Shanta Charles</u>	
Parent / Legal Guardian's 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) 984-7535 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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