

Date of Application: 12/17/09

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.**

Duson Elem. School \$ 11⁰⁰ Funding Request

Angela Simmons School Board Employee Counselor Position 8736629 Phone Number

Hope Miller Student who will receive funding m/m Cedric Miller Parent/Guardian's Name \$ _____ Parent's Contribution

1 Student's Grade J. Lavolette Student's Teacher 255-9482 Parent's phone number

301 4th St. PO Box 7, Duson 70529 School Address K. Rayburn Principal

"Click, Clack, Moo" Play Title of enrichment activity

May 3, 2010 * Date of Activity *(Company putting on production wants \$3 in Dec. '09!... That's why we're sending this in now)*

Area of Interest: Academic Cultural Personal Enrichment

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

- 1. Play \$ 800
- 2. _____ \$ _____
- 3. Bus \$ 300
- 4. _____ \$ _____

Why does this student qualify for this assistance? Family is experiencing financial difficulties @ this time & child would be unable to participate.

Angela Simmons School Board Employee's Signature

Katherine Rayburn Principal's Signature

Hope Miller Parent / Legal Guardian's Signature

Hope Miller 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.