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

$ 11.00
Funding Request

Angela Simmons
School Board Employee

Counselor
Position

8736629
Phone Number

Carla Mathis
Student who will receive funding

Wendy Mathis
Parent/Guardian's Name

$ 0
Parent's Contribution

1
Student's Grade

C. Murray
Student's Teacher

9356036
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 * (Company putting on production wants # ½ # in Dec. '09!... That's why we're sending this in now.)
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. Play $8.00
2. _____ $_____
3. Bus $3.00
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

Kathryn Rayburn
Principal's Signature

Wendy Mathis
Parent / Legal Guardian's Signature

Carla
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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