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
873-6629 — Phone Number
Gabrielle Thibodeaux — Student who will receive funding
Ashley Mayor — Parent/Guardian's Name
$ 0 — Parent's Contribution
1 — Student's Grade
C. Murray — Student's Teacher
230-1030 — 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 #'s 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
K. Katherine Rayburn — Principal's Signature
Ashley Mayor — Parent / Legal Guardian's Signature
Gabrielle — 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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