

Date of Application: _____

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 2007-2008

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.

J. Wallace James \$ 34.00
School Funding Request

Ebony Moten Teacher 337-234-0461
School Board Employee Position Phone Number

Lauren Hadler Benita Lavergne \$ 0
Student who will receive funding Parent's Name Parent's Contribution

5 Ebony Moten 412-2748
Student's Grade Student's Teacher Parent's phone number

New Orleans Zoo May 4, 2010
Title of enrichment activity Date of Activity

1500 W. Willow D. Schmersahl
School Address Principal

Area of Interest: ☒ Academic ☐ Cultural ☒ Personal Enrichment

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

1. Bus \$ 29
2. Zoo \$ 5
3. _____ \$
4. _____ \$

Why does this student qualify for this assistance? Insufficient funds

Ebony Moten
School Board Employee Signature

Benita Lavergne
Parent / Legal Guardian Signature

Michelle D. McCalary
Principal Signature

Lauren Hadler
Student Signature

*All information and signatures must be provided for consideration of scholarship. For more information please contact Michelle Izzo at 337-504-2812, please fax application to John Broussard (337) 984-7535 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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