Date of Application: 5/12/10

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.**

J.W. Faulk — School

$ 39.00 — Funding Request

Lesri Cockrell — School Board Employee

Math Facilitator — Position

316-3651 — Phone Number

Bryan Williams — Student who will receive funding

Edwina Williams — Parent/Guardian's Name

$ 0 — Parent's Contribution

4th — Student's Grade

Mrs. Bruce — Student's Teacher

Home 235-7421 = 321-0006 Cell — Parent's phone number

711 E. Willow Lafayette 70501 — School Address

Carol Mays — Principal

Math Club Field Trip — Title of enrichment activity

May 7, 2010 — 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. t-shirt $ 9
2. _____ $ _____
3. Use fee $ 30
4. _____ $ _____

Why does this student qualify for this assistance? Brian has earned this trip & is unable to pay due to financial difficulties

Lesri Cockrell — School Board Employee's Signature

Carol A. Mays — Principal's Signature

Edwina Williams — Parent / Legal Guardian's Signature

Brian Williams — 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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