Date of Application: 9/12/10

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

Lerri Cockrell
School Board Employee

Math Facilitator
Position

316-3651
Phone Number

Devon Davis
Student who will receive funding

LaDonna Davis
Parent/Guardian's Name

$ 0
Parent's Contribution

5th
Student's Grade

Mrs. Ponche
Student's Teacher

1337-250-9770
Parent's phone number

711 E. Willow Lafayette 70501
School Address

Carol Mayo
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. Trip fee $ 30
4. _____ $ _____

Why does this student qualify for this assistance? Devon has earned the trip and financial difficulty has prohibited him paying.

Lerri Cockrell
School Board Employee's Signature

Carol A. Mayo
Principal's Signature

Parent / Legal Guardian's Signature

Devon Davis
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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