Date of Application: 4/12/10

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.**

O.W. Faulk — School
$ 39.00 — Funding Request
Lerri Cockrell — School Board Employee
Math Facilitator — Position
316-3651 — Phone Number
Kaya Laxey — Student who will receive funding
Tawana Kennedy — Parent/Guardian's Name
0 — Parent's Contribution
5 — Student's Grade
Lagrange — Student's Teacher
342-1003 — 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. bus fee $ 30
4. _____ $ _____

Why does this student qualify for this assistance? Kaya has been unable to pay for this trip due to financial limitations.

Lerri Cockrell — School Board Employee's Signature
Carol A. Mays — Principal's Signature
Tawana Kennedy — Parent / Legal Guardian's Signature
KAYA LAXEY — 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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