

Date of Application: 10-12-10

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 2010-2011

APPLICATION INFORMATION: Applications must be faxed or postmarked by the 1st of the month prior to the scheduled field trip. (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.

School Broadmoor Funding Request \$ 12.50

Teacher or Counselor Christie O'Reilly Position Counselor Phone Number 521-7620

Student who will receive funding Norgelis Hidalgo Parent/Guardian's Name Borgelis Burgal Parent's Contribution \$ _____

Student's Grade 2 Student's Teacher Brenda Adams Parent's phone number 315-8618

School Address 609 Broadmoor Blvd 70503 Principal Cindy Duhon

Title of enrichment activity Vermilionville Date of Activity 10-19-2010

Area of Interest: Academic Cultural Personal Enrichment

Describe the enrichment activity the student will participate in. Please itemize all trip expenses.
1. Enriches comprehensive curriculum \$12.50 by focusing on local cultures & customs.
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? Mother lost her job because her car brake down. She has no transportation.

Teacher or Counselor's Signature Christie O'Reilly Principal's Signature Cindy Duhon
Parent / Legal Guardian's Signature Borgelis Student's Signature Norgelis

*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) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

Thank you for your consideration.
Christie O'Reilly

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