

Date of Application: 10/22/10

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.

Duson Elementary \$ \$7.00
School Funding Request

A. Simmons/ Couns./ 8736629
Teacher or Counselor Position Phone Number

Malachi Kirkland Josephine Brown \$ 0
Student who will receive funding Parent/Guardian's Name Parent's Contribution

1 Broussard 873-2334
Student's Grade Student's Teacher Parent's phone number

301 4th St. / PO Box 7, Duson LA Ki Rayburn
School Address 70529 Principal

Pumpkin Patch 10/25/10
Title of enrichment activity 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. <u>Trip</u> \$ <u>3.50</u> | 2. _____ \$ _____ |
| 3. <u>Bus</u> \$ <u>3.50</u> | 4. _____ \$ _____ |

Why does this student qualify for this assistance? can't afford add'l costs @ this time

Aela Simmons
Teacher or Counselor's Signature

Josephine Brown
Parent/Legal Guardian's Signature

Katherine Rayburn
Principal's Signature

Malachi
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) 604-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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