

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 School \$ 7.00
 Funding Request
A. Simmons Teacher or Counselor Couns. Position 8736629 Phone Number
Heaven Carter Student who will receive funding Verla Carter Parent/Guardian's Name \$ 0 Parent's Contribution

K Student's Grade D. Trahan Student's Teacher Parent's phone number

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

Pumpkin Patch Title of enrichment activity 10/25/10 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 extra costs @ this time.

A. Simmons Teacher or Counselor's Signature Katherine Rayburn Principal's Signature

Verla Carter Parent / Legal Guardian's Signature Heaven Carter 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) 50-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.