Date of Application: _____

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.

Broadmoor Elem. — School
$ 21.50 — Funding Request
Angela Vesper — Teacher or Counselor
teacher — Position
337-984-3399 — Phone Number
Tyrik Porter — Student who will receive funding
Shonda Porter — Parent/Guardian's Name
$ 0 — Parent's Contribution
4 — Student's Grade
Angela Vesper — Student's Teacher
591-7851 — Parent's phone number
609 Broadmoor Blvd — School Address
Cindy Dubon / Jane Miller — Principal
Arts and Science Museum-LSU — Title of enrichment activity
05-03-2011 — Date of Activity

Area of Interest: ✓ Academic ✓ Cultural ✓ Personal Enrichment

Describe the enrichment activity the student will participate in. Please itemize all the expenses.

1. Bus- transportation $21.50
2. Arts and Science Museum 0
3. Dairy $ 0
4. _____ $ _____

Why does this student qualify for this assistance? free lunch, student could not pay instructional fees

Angela Vesper — Teacher or Counselor's Signature
Principal's Signature
Shonda R Porter — Parent / Legal Guardian's Signature
Student's Signature

*All information and signatures must be provided for consideration of scholarship. **For more information call John Broussard at 337-298-1585. Please Fax application to John Broussard at (337) 504-2166 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.**

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