

Date of Application: 3/28/11

Shining Light Use Only:  
Granted: 4-4-11  
Amount: \$8 en  
Check Number: 467

# 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 1<sup>st</sup> 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 15<sup>th</sup> of each month. \*One Activity per application please.

School: Duson Elementary Funding Request: \$8<sup>00</sup>

Teacher or Counselor: A. Simmons Position: Counselor Phone Number: 8736629

Student who will receive funding: Alex Comeaux Parent/Guardian's Name: Charlene Comeaux Parent's Contribution: \$0

Student's Grade: 1<sup>ST</sup> Student's Teacher: Murray Parent's phone number: 9356530

School Address: 301 4th St., P.O. Box 7, Duson LA 70529 Principal: K. Rayburn

Title of enrichment activity: Children's Museum Date of Activity: 4-12-2011

Area of Interest:  Academic  Cultural  Personal Enrichment

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

1. Entrance to museum \$ 5<sup>00</sup>      2. water/snack \$ 1<sup>00</sup>

3. Bus transportation \$ 2<sup>00</sup>      4. \_\_\_\_\_ \$ \_\_\_\_\_

Why does this student qualify for this assistance? Financial hardship

Charlene Murray  
Teacher or Counselor's Signature

Charlene Comeaux  
Parent/Guardian's Signature

Katherine Rayburn  
Principal's Signature

ALEX COMEAUX  
Student's Signature

\*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-296-1888. Please Fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.