

Date of Application: 3/24/2011

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 80602
Lafayette, LA 70590

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: Duson Elementary Funding Request: \$ 8.00

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

Student who will receive funding: Heaven Carter Parent/Guardian's Name: Verla Carter Parent's Contribution: \$ 0

Student's Grade: K Student's Teacher: D Trahan Parent's phone number: 873-4683

School Address: 301 4th St. / PO 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 \$ 5.00
2. Water/snack \$ 1.00
3. Bus transportation \$ 2.00
4. _____ \$ _____

Why does this student qualify for this assistance? can't afford to pay for field trip

Teacher or Counselor's Signature: D Trahan

Principal's Signature: Katherine Rayburn

Parent / Legal Guardian's Signature: Verla Carter

Student's Signature: Heaven

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 337-298-1588. Please Fax application to John Broussard at (337) 504-2166 or mail to Shining Light Foundation, P.O. Box 80602, Lafayette, LA 70596.