

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 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 Couns. Phone Number 873 6629

Student who will receive funding Larry Lewis Parent/Guardian's Name \_\_\_\_\_ Parent's Contribution \$ \_\_\_\_\_

Student's Grade 1st Student's Teacher Murray Parent's phone number \_\_\_\_\_

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<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? \_\_\_\_\_

Christina Murray  
Teacher or Counselor's Signature

Larry Lewis  
Parent / Legal Guardian's Signature

Principal's Signature

LARRY LEWIS  
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 60602, Lafayette, LA 70596.

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