

Date of Application:

3/25/11

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.

School <u>Duson Elementary</u>		Funding Request <u>\$ 8⁰⁰</u>
Teacher or Counselor <u>A. Simmons</u>	Position <u>Couns.</u>	Phone Number <u>5217660</u>
Student who will receive funding <u>Lanterrel Lawrence</u>	Parent/Guardian's Name <u>N. Lawrence</u>	Parent's Contribution <u>\$ 0</u>
Student's Grade <u>1st</u>	Student's Teacher <u>Murray</u>	Parent's phone number <u>873 7558</u>
School Address <u>301 4th St. / PO Box 7, Duson LA 70529</u>	Principal <u>K. Rayburn</u>	Date of Activity <u>4-12-2011</u>
Title of enrichment activity <u>Children's Museum</u>		
Area of Interest: <input checked="" type="checkbox"/> Academic <input checked="" type="checkbox"/> Cultural <input checked="" type="checkbox"/> Personal Enrichment		

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

1. Entrance to museum \$ 5⁰⁰
2. water/snack \$ 1⁰⁰
3. Bus transportation \$ 2⁰⁰
4. _____ \$ _____

Why does this student qualify for this assistance?

Financial hardship

Christine Murray
Teacher or Counselor's Signature

Katherine Rayburn
Principal's Signature

N. Lawrence
Parent / Legal Guardian's Signature

Lante rrc1
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.