

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 60602
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 <u>Duson Elementary</u>		Funding Request <u>\$9⁰⁰</u>
Teacher or Counselor <u>A. Simmons</u>	Position <u>Counselor</u>	Phone Number <u>8736629</u>
Student who will receive funding <u>Hannah Shore</u>	Parent/Guardian's Name <u>Rebecca Wilkins</u>	Parent's Contribution <u>\$0</u>
Student's Grade <u>K</u>	Student's Teacher <u>D Trahan</u>	Parent's phone number <u>356-7398</u>
School Address <u>301 4th St / PO Box 7, Duson LA 70529</u>	Principal <u>K. Rayburn</u>	Date of Activity <u>4-11-2011</u>
Title of enrichment activity <u>Zoo of Acadiana</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. Bus transportation \$2⁰⁰
2. train ride at zoo \$2⁰⁰
3. Entrance to zoo \$3⁵⁰
4. water/snack \$1⁵⁰

Why does this student qualify for this assistance? funds are not available to pay for fieldtrip

Teacher or Counselor's Signature D Trahan

Principal's Signature Kathy Rayburn

Parent / Legal Guardian's Signature Rebecca Wilkins

Student's Signature Hannah

*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- 155 or to the Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70598.

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