

Shining Light Foundation

To provide opportunities so that every child's light will shine!

Amount: _____
Check Number: _____



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 Duson Elementary Funding Request \$200

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

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

Student's Grade 1st Title of Teacher Murray Parent's phone number _____

School Address 301 4th St / PO Box 7, Dusan LA 70529 Principal K. Rayburn

Title of enrichment activity Science Museum / Planetarium Date of Activity _____

Area of Interest: Academic Cultural Personal Enrichment

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

- Bus transportation \$200
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Why does this student qualify for this assistance? _____

Christie 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 337-238-1555. Please Fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.