

Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation

To provide opportunities to the every child's light, all 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: Duson Elementary Funding Request: \$2⁰⁰

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

Student who will receive funding: Yerimi Infante Parent/Guardian's Name: Erica Infante Parent's Contribution: 0

Student's Grade: 1st Student's Teacher: Broussard Parent's phone number: _____

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

Title of enrichment activity: Science Museum / Planetarium Date of Activity: 4-13-11

Area of Interest: Academic Cultural Personal Enrichment

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

1. Bus transportation \$2⁰⁰
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? financial hardship

Teacher or Counselor's Signature: Michelle Broussard

Principal's Signature: Katherine Rayburn

Parent / Legal Guardian's Signature: ERICA Infante

Student's Signature: Yerimi Infante

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-298-1688. Please Fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

80