

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 2011-2012

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: Gallet Elem Funding Request: \$ 6.50

Teacher or Counselor: Katy Shirley Position: Teacher Phone Number: 521-7690

Student who will receive funding: Kylie Alexander Parent/Guardian's Name: Antoinette Alexanders Parent's Contribution: 0

Student's Grade: 1 Student's Teacher: Katy Shirley Parent's phone number: 501-4275

School Address: 2901 E. Milton Ave Youngsville Principal: Nicholas Thomas

Title of enrichment activity: Pumpkin Patch Field Trip Date of Activity: 10/11/11

Area of Interest: Academic Cultural Personal Enrichment

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

- Pumpkin Patch \$ 3.50
- Bus \$ 3.00
- _____ \$ _____
- _____ \$ _____

Why does this student qualify for this assistance? 3 students in same grade level, in need of extra assistance. Is attempting to send when she can.

Teacher or Counselor's Signature: Katy Shirley
 Principal's Signature: Phillis Ledet
 Parent / Legal Guardian's Signature: Antoinette Alexanders
 Student's Signature: Kylie Alexander

*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) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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