

Date of Application: 10-25-11

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 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 Prairie Elem. Funding Request \$ 8.00
Teacher or Counselor Pat Worley Position Counselor Phone Number 521-7797
Student who will receive funding Samantha Luna Parent/Guardian's Name Saida Negrete Parent's Contribution \$ 0
Student's Grade 1st Student's Teacher C. Fox Parent's phone number 315-8548
School Address 2910 Amb. Caffery Pkwy Principal Gwen Lewis
Title of enrichment activity Science Museum / Pie Works Date of Activity 12-1-11
Area of Interest: ☒ Academic ☐ Cultural ☒ Personal Enrichment

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

1. Science Museum/bus \$ 8.00 2. _____ \$ _____
3. _____ \$ _____ 4. _____ \$ _____

Why does this student qualify for this assistance? due to economic hardship,
parents are unable to pay.

Teacher or Counselor's Signature Mrs. Charlotte Fox Principal's Signature Gwen Lewis
Parent / Legal Guardian's Signature Saida F Hernandez N. Student's Signature Samantha Torres

*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.

45