

Date of Application: 1-31-12

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: Woodvale Elem. Funding Request: \$ 10.50

Teacher or Counselor: K. Reed Position: 1st Teacher Phone Number: 521-7830

Student who will receive funding: Angel Frank Parent/Guardian's Name: ~~Charlean Hayes~~ Parent's Contribution: 212-0466

Student's Grade: 1st Student's Teacher: K. Reed Parent's phone number: ~~962-0784~~

School Address: 100 Leon Drive Principal: M. Vidas

Title of enrichment activity: Field Trip - Skippyjon Jones Date of Activity: March 26, 2012

Area of interest: Academic Cultural Personal Enrichment

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

1. ticket & bus \$ 10.50
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? family has not been able to provide funds.

Kerol R Reed
Teacher or Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature

Student's Signature

*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.