

Date of Application: Jan 24th

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 Elementary Funding Request \$7.00

Teacher or Counselor F. Klein Position Teacher Phone Number _____

Student who will receive funding Athena Constantine Parent/Guardian's Name Mrs. Constantine Parent's Contribution \$5.00

Student's Grade 1st Student's Teacher F. Klein Parent's phone number _____

School Address 2910 Ambassador Caffery Pkwy Principal Mrs. Lewis

Title of enrichment activity Zoo Zoo Performance Date of Activity February 1st

Area of Interest: ☐ Academic ☒ Cultural ☐ Personal Enrichment

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

1. Zoo Zoo Performance \$ 5.00
2. Bus \$ 2.00
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? Single parent

Teacher or Counselor's Signature Lead Constantine
Parent / Legal Guardian's Signature _____

Principal's Signature Athena
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.