

Date of Application: 1-17-12

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 Prairie Funding Request \$ 2450
Teacher or Counselor S. Dupuis Position teacher Phone Number 344-3635
Student who will receive funding Miracle Woods Parent/Guardian's Name Christy Woods Parent's Contribution \$ 0
Student's Grade K Student's Teacher S. Dupuis Parent's phone number 781-5906
School Address 2910 Ambassador Cafery Principal G. Lewis
Title of enrichment activity Field trips - (see itemized) Date of Activity 3/27 4/12 4/16
Area of Interest: ☐ Academic ☐ Cultural ☒ Personal Enrichment

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

1. Play - SKIPPY in Town \$ 11.75
2. 200 of Academics \$ 10.00
3. Library Visit - Lunch \$ 3.25
4. _____ \$ _____

Why does this student qualify for this assistance? Miracle has several siblings & is having difficulty meeting all financial obligations

S. Dupuis
Teacher or Counselor's Signature
Christy A. Woods
Parent / Legal Guardian's Signature

Jenni Hobart
Principal's Signature
Miracle H. Woods
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.

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