

Date of Application: 1/31/13

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: Praxie Elementary Funding Request: \$ 40.00

Teacher or Counselor: MS Fontenot Position: 5th Grade Teacher Phone Number: 521-7190

Student who will receive funding: Jahula Howard Parent/Guardian's Name: Carla Breaux Parent's Contribution: \$ 0

Student's Grade: 5th Student's Teacher: MS Fontenot Parent's phone number: 347-0341

School Address: 2910 Ambassador Gallery Principal: G. Lewis

Field Trip Title of enrichment activity: _____ Date of Activity: 3 May 2013

Area of Interest: Academic Cultural Personal Enrichment

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

- Bus \$ 20
- Admission \$ 20
- _____ \$ _____
- _____ \$ _____

Why does this student qualify for this assistance? Can not afford the trip.

Teacher or Counselor's Signature: Margaret Fontenot Principal's Signature: Guend Lewis

Parent / Legal Guardian's Signature: Carla Breaux Student's Signature: Jahula Howard

*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.