

Date of Application: 3/10/14

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 2013-2014

APPLICATION INFORMATION: Applications must be faxed or postmarked by the 1st of the month prior to the scheduled field trip. (See Note) All monies awarded will be made payable to the school and sent by wire transfer each month. **One Activity per application please.**

Murkle Place Elem

School

\$ 25.00

Funding Request

Kim Girouard

Teacher or Counselor

Counselor

Position

521-7764

Phone Number

Adam Garcia

Student who will receive funding

Adam Garcia

Parent/Guardian's Name

\$ 11.00

Parent's Contribution

K

Student's Grade

Delafosse

Student's Teacher

Parent's phone number

1100 Murkle Place Blvd

School Address

dmweimer@lpsonline.com

Teacher's Email

Field Trips

Title of enrichment activity

4-7 thru 4-9

Date of Activity

Area of Interest:

☒

Academic

☐

Cultural

☒

Personal Enrichment

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

1. Trm\$ 11.002. Library\$ 6.003. Movie\$ 11.004. Winnemucca Valley, NV\$ 8.00Why does this student qualify for this assistance? financial problemsKim Girouard

Teacher or Counselor's Signature

Adam Garcia

Principal's Signature

Adam Garcia

Parent / Legal Guardian's Signature

Adam Garcia

Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-295-1566. Please fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70504

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