

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  
FYTRA CURRICULAR ASSISTANCE  
SCHOLARSHIP APPLICATION 2013-2014

**APPLICATION INFORMATION:** Applications must be faxed or postmarked by the 1<sup>st</sup> 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 15<sup>th</sup> of each month. \*One Activity per application please.

Murkle Place Elem School \$ 25.00 Funding Request

Kim Guinard Teacher or Counselor Counselor Position 504-7701 Phone Number

Madison Dennis Student who will receive funding Natalie Dennis Parent/Guardian's Name \$ 11.00 Parent's Contribution

K Student's Grade Ruatta Student's Teacher Parent's phone number

1100 Murkle Place Blvd School Address dmweimer@lpssonline.com Teacher's Email

Field Trip Title of enrichment activity 4-7-14 thru 4-9-14 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. <u>Zoo</u> \$ <u>11.00</u>   | 2. <u>Library Visit</u> \$ <u>16.00</u> |
| 3. <u>Movie</u> \$ <u>11.00</u> | 4. <u>Vermilionville</u> \$ <u>8.00</u> |

Why does this student qualify for this assistance? father is incarcerated

Kim Guinard Teacher or Counselor's Signature  
Natalie Dennis Parent / Legal Guardian's Signature  
Jamie Monney Principal's Signature  
Madison Dennis 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.

45