

Date of Application:

4/30/15

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 2014-2015

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 Duson Elementary Funding Request \$150.00 (\$75/week)

Teacher or Counselor Angie Simmons Position Counselor Phone Number 5217660

Student who will receive funding Alyssa Miller Parent/Guardian's Name Janice Savoy \$ _____

Student's Grade 5th Student's Teacher A. Watts Parent's Contribution 654-6487

School Address 301 4th St. / P.O. Box 7, Duson LA 70529 Principal K. Rayburn

Title of enrichment activity "Cajun Camp" @ Deaf Action Center Date of Activity 7/6/15 - 7/17/15

Area of Interest: ☐ Academic ☒ Cultural ☒ Personal Enrichment

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

1. This is a 2-week camp, which includes activities at camp
3. as well as excursions in community. \$ _____

Why does this student qualify for this assistance? children live w/ great-grandmother (great-grandmother) as mom has mental illness.

Does this student qualify for free lunch? Yes ☒ No ☐

Angie Simmons
Teacher or Counselor's Signature

Kathleen Rayburn
Principal's Signature

Janice Savoy
Parent / Legal Guardian's Signature

Alyssa Miller
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.

Tabled