

Date of Application: 2/22/14

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation

To provide opportunities so that every child's right 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 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 Woodvale Elementary Funding Request \$ 30

Teacher or Counselor S. Mese Teacher Position 521-7830 Phone Number

Student who will receive funding Ciara Gardner Parent/Guardian's Name Deonna Borel \$ _____ Parent's Contribution

Student's Grade 4th Student's Teacher S. Mese Parent's phone number 456-2755

School Address 100 Leon Laf 70503 Teacher's Email _____

Title of enrichment activity Capitol Art Museum, State Capitol Date of Activity May 1, 2015

Area of Interest: Academic Cultural Personal Enrichment

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

1. bus cost \$ 28.50 2. 2010 state Capitol video \$ 1.50
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? low income

Stephanie Mese
Teacher or Counselor's Signature
Deonna R. Borel
Parent / Legal Guardian's Signature

Monique Vidou
Principal's Signature
Ciara Gardner
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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