

Date of Application: 12/11

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

Shining Light Foundation



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.

Woodvale Elementary
School

\$ 30
Funding Request

J. Mose
Teacher or Counselor

Teacher
Position

521-7830
Phone Number

Tyresha Sommer
Student who will receive funding

Chase Sommer
Parent/Guardian's Name

Parent's Contribution

4th
Student's Grade

J. Mose
Student's Teacher

781-6720
Parent's phone number

100 Leon Drive Laf. LA
School Address

Teacher's Email

Capitol Museum, State Capitol
Title of enrichment activity

May 1, 2015
Date of Activity

Old State Capitol - Baton Rouge
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. Old State Capitol video \$ 1.50

3. _____ \$ _____

4. _____ \$ _____

Why does this student qualify for this assistance? Foster parent system

Stephanie Mose
Teacher or Counselor's Signature

Monique Vidos
Principal's Signature

Tyresha Sommer
Parent / Legal Guardian's Signature

Tyresha Sommer
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.

22