

Date of Application: 2-2-15

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 Woodale Elem. Funding Request \$ 22.50 + 24.50

Teacher or Counselor Jamie Derouen Position teacher Phone Number 230-1097

Student who will receive funding Christian Thomas Parent/Guardian's Name Kimberly McZeal Parent's Contribution \$ _____

Student's Grade 1 Student's Teacher Derouen Parent's phone number 565-0037

School Address 100 Leon Dr. Principal Monique Vidos

Title of enrichment activity _____ Date of Activity March 16-20, 2015

Area of Interest: ☒ Academic ☒ Cultural ☒ Personal Enrichment

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

1. Credit Union \$ 3.00
2. UL Sports \$ 3.00
3. Library \$ 3.00
4. Lafayette Police \$ 3.00

5 Grand Theatre 9.50 + 3.00

Why does this student qualify for this assistance? free lunch

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

Jamie Derouen
Teacher Signature

M. Vidos
Principal's Signature

Christian Thomas
Parent / Legal Guardian's Signature

Christian Thomas
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.