

Date of Application: 12/28/15

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 2015-2016**

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.**

Woodale Elementary School \$20.00 Funding Request 13.00
Ali Brabner Teacher or Counselor 3rd teacher Position 230-3028 Phone Number
Shaelynn Kelso Student who will receive funding Jennifer Cazaux Parent/Guardian's Name \$15.00 Parent's Contribution
3rd Student's Grade Ali Brabner Student's Teacher 254-1796 Parent's phone number

100 Leap Drive School Address atbrabner1@cox.net Teacher's Email

Old State Capitol Title of enrichment activity 11/19/15 Date of Activity

Area of Interest: Academic Cultural Personal Enrichment

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

- Hotair Bus \$ 26.50
- Old State Capitol \$ 1.50
- New State Capitol \$ -
- _____ \$ _____

Why does this student qualify for this assistance? This student qualifies for "Homeless" Status

Ali Brabner Teacher or Counselor's Signature
John Broussard Parent / Legal Guardian's Signature

Monique Vidou Principal's Signature
Shaelynn Kelso 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.