

Date of Application: 10/29/15

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 \$ 28⁰⁰ Funding Request

Kim Comeaux Teacher or Counselor 3rd gr teacher Position 337-521-7830 Phone Number

Keatrice Cambouche Student who will receive funding Summer Chaison Parent/Guardian's Name Parent's Contribution \$ _____

3rd gr Student's Grade Kim Comeaux Student's Teacher 337-849-3869 Parent's phone number

100 Lein Drive School Address kdcomeaux@lpssonline.com Teacher's Email

Old & New 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.

- Hotard Bus \$ 26.50
- New State Capitol \$ —
- Old State Capitol \$ 1.50
- _____ \$ _____

Why does this student qualify for this assistance? Unable to afford to pay. Financially unable.

Kim Comeaux
Teacher or Counselor's Signature

Monique Vidal
Principal's Signature

Summer Chaison
Parent / Legal Guardian's Signature

Keatrice
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.