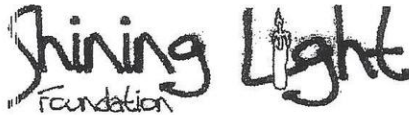


Date of Application: 10/28/15

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



"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.**

Woodville Elementary School \$ 28.00 Funding Request

Ali Brabner Teacher - 3rd 230-3028 Phone Number

Anna Gomez Student who will receive funding Erika Gomez Parent/Guardian's Name \$ - Parent's Contribution

3rd Student's Grade Ali Brabner Student's Teacher 541-4311 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.
- Hot Air Bus \$ 26.50
 - Old State Capitol \$ 1.50
 - New State Capitol \$ -
 - _____ \$ _____

Why does this student qualify for this assistance? Anna's family is large and they financially can't afford extra expenses without the help of Shining Light.

Ali Brabner Teacher or Counselor's Signature Monique Vidou Principal's Signature

Anna Gomez Parent/Legal Guardian's Signature Anna Gomez 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.

she may not be able to attend.

B