

Date of Application: 10/28/15

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.

Wooddale Elementary
School

\$ 28⁰⁰
Funding Request

Ali Brabner
Teacher or Counselor

3rd teacher
Position

230-3028
Phone Number

Mariah Stevens
Student who will receive funding

Miranda Woods
Parent/Guardian's Name

\$ _____
Parent's Contribution

3rd
Student's Grade

Ali Brabner
Student's Teacher

443-8118
Parent's phone number

100 Lemon Drive
School Address

a+brabner1@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? Financial struggles - she would not be able to attend otherwise.

Ali Brabner
Teacher or Counselor's Signature

Monique Vidal
Principal's Signature

Mariah Stevens
Parent / Legal Guardian's Signature

Mariah Stevens
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.