

Date of Application: _____

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.

Woodvale Elementary School \$ 26.⁰⁰ Funding Request

S. Vallot Teacher or Counselor Teacher Position 251-7830 Phone Number

Gracie Barber Student who will receive funding S. Vallot Parent/Guardian's Name \$ Parent's Contribution

4th Student's Grade S. Vallot Student's Teacher Parent's phone number

100 Leon Lafayette, La 70503 School Address Teacher's Email

Capitol Park Museum and Baton Rouge Zoo Title of enrichment activity May 6, 2016 Date of Activity

Area of Interest: Academic Cultural Personal Enrichment

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

- Bus \$ 23.13
- Driver tip portion \$ 0.62
- Zoo Entrance \$ 2.25
- \$

Why does this student qualify for this assistance? Mother is unemployed, receiving financial assistance.

S. Vallot
Teacher or Counselor's Signature

Monique Vidou
Principal's Signature

Gracie Barber
Parent / Legal Guardian's Signature

Gracie Barber
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.