

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.

School: Woodvale Elementary Funding Request: \$ 26,00

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

Student who will receive funding: 4th Parent/Guardian's Name: S. Vallot Parent's Contribution: \$ _____

Student's Grade: _____ Student's Teacher: _____ Parent's phone number: _____

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

Title of enrichment activity: Capitol Park Museum and Botanical Zoo Date of Activity: May 6, 2016

Area of Interest: Academic Cultural Personal Enrichment

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

- Bus \$ 23.23
- Driver tip portion \$ 0.62
- Zoo Entrance \$ 2.25
- _____ \$ _____

Why does this student qualify for this assistance? Mother has not found a job - still looking for employment

Teacher or Counselor's Signature: S. Vallot Principal's Signature: Mary Nido

Parent / Legal Guardian's Signature: _____ Student's Signature: Micha Bonnet

*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.