

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 Funding Request: \$ 24.50

Teacher or Counselor: S. Vallot Position: Teacher Phone Number: 521-7830

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

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

School Address: 100 Leon Principal: Monique Vidas

Title of enrichment activity: Baton Rouge Capitol Park Museum - 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.

1. Bus Cost \$ 22.25
2. Zoo Entrance \$ 2.25
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? single parent low income

Does this student qualify for free lunch? Yes No

Teacher or Counselor's Signature: Stephane Vallot Principal's Signature: Monique Vidas

Parent / Legal Guardian's Signature: _____ 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) 521-7951 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.