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 — School
$ 25.00 — Funding Request

L. Becker — Teacher or Counselor
Teacher — Position
521-7830 — Phone Number

Kentrayln Drawsand — Student who will receive funding
Shauntell Arceneaux — Parent/Guardian's Name
$ 0 — Parent's Contribution

4th — Student's Grade
L. Becker — Student's Teacher
(337) 784-6554 — Parent's phone number

100 Leon — School Address
Monique Vidos — Principal

Baton Rouge Capitol Park Museum & 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.

1. Bus Cost $ 22.25
2. Zoo Entrance $ 2.25
3. Driver tip portion $ .62
4. _____ $ _____

Why does this student qualify for this assistance? Financial hardship.

Does this student qualify for free lunch? Yes [✓] No [ ]

Jamie Becker — Teacher or Counselor's Signature
Monique Vidos — Principal's Signature

Shauntell Arceneaux — Parent / Legal Guardian's Signature
Kentrayln Drawsand — 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.

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