

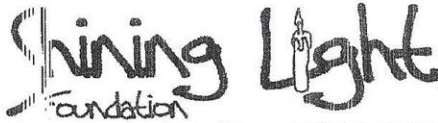
Date of Application: 1/15/16

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____



"To provide opportunities so that every child's light will shine"

P.O. Box 60602
Lafayette, LA 70596EXTRA 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 Woodville Funding Request \$ 24.50
 Teacher or Counselor M. Gallet Position Teacher Phone Number 521-7830
 Student who will receive funding Drake Trujillo Parent/Guardian's Name X Tabitha Brister Lee Parent's Contribution \$ -0-
 Student's Grade 4th Student's Teacher M. Gallet Parent's phone number (337) 321-7744
 School Address 100 Leon Principal Monique Vides
Barton Row Title of enrichment activity Capitol Park Museum 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? _____

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

Teacher or Counselor's Signature M. GalletPrincipal's Signature Monique VidesParent / Legal Guardian's Signature Drake TrujilloStudent's Signature Drake Trujillo

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-398-1588. Please Fax application to John Broussard at (337) 521-7951 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.