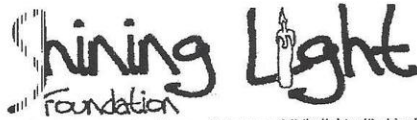


Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____



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



P.O. Box 60602
Lafayette, LA 70596

**EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2014-2015**

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: \$34.00

Teacher or Counselor: Lynn McElroy Position: 2nd Grade Teacher Phone Number: (337) 521-7830

Student who will receive funding: Christian Thomas Parent/Guardian's Name: Kimberly McZeal Parent's Contribution: \$ -0 -

Student's Grade: 2nd Student's Teacher: Lynn McElroy Parent's phone number: (337) 504-8099

School Address: 100 Leon Dr./Lafayette Principal: Monique Vidos

Title of enrichment activity: Global Wildlife Field Trip Date of Activity: April 25, 2016

Area of Interest: Academic Cultural Personal Enrichment

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

1. Safari Tour \$ 34.00
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? Parents can not pay for this field trip due to limited income.

Does this student qualify for free lunch? Yes No

Teacher or Counselor's Signature: Lynn McElroy

Principal's Signature: Monique Vidos

Parent / Legal Guardian's Signature: _____

Student's Signature: Christian Thomas

*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.