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 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.**

Woodvale — School
$ 34.00 — Funding Request

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

Brooklyn Willis — Student who will receive funding
Robin Willis — Parent/Guardian's Name
$ -0- — Parent's Contribution

2nd — Student's Grade
Lynn McElroy — Student's Teacher
(337) 541-3827 — Parent's phone number

100 Leon Dr. — School Address
Monique Vidos — Principal

Global Wildlife Field Trip — Title of enrichment activity
April 25, 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. 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 lack of income.

Does this student qualify for free lunch? Yes ~~No~~

Lynn McElroy — Teacher or Counselor's Signature
Monique Vidos — Principal's Signature

_____ — Parent / Legal Guardian's Signature
Brooklyn Willis — 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) 504-2165** or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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