

Date of Application: 5-16-16

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.

Carencro Heights Elementary \$ 15.00
School Funding Request

Linda Sam Teacher 337-521-7640
Teacher or Counselor Position Phone Number

Jose Luis Alvarez Parent/Guardian's Name \$ -0-
Student who will receive funding Parent's Contribution

3rd Student's Grade Linda Sam Student's Teacher 337-780-6633
Parent's phone number

601 Tee Ma Road School Address ltsam@lpssonline.com Teacher's Email

3rd grade Baton Rouge Field Trip Title of enrichment activity May 11, 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.

- Bus trip \$ 11.00
- _____ \$ _____
- BREC Zoo \$ 4.00
- _____ \$ _____

Why does this student qualify for this assistance? He is a student at an at risk school who can't afford to pay for trip.

Linda Sam
Teacher or Counselor's Signature

Nicholas
Principal's Signature

Jose Luis Alvarez
Parent / Legal Guardian's Signature

Jose Luis Alvarez
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.