

Date of Application: April 20, 2016

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.

School: Carencro Heights Elem. Funding Request: \$ 15.00

Teacher or Counselor: Keandra A. Williams Position: Teacher Phone Number: (337) 412-0663

Student who will receive funding: Jalyria Carter Parent/Guardian's Name: Shaneka Perkins Parent's Contribution: -0-

Student's Grade: 3rd Student's Teacher: Keandra A. Williams Parent's phone number: 337-806-4220

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

Title of enrichment activity: 3rd Grade Baton Rouge Field Trip Date of Activity: May 11, 2016

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 \$ 4.00
- _____ \$ _____

Why does this student qualify for this assistance? She is a student at an at-risk school that can't afford to pay for this field trip.

Teacher or Counselor's Signature: Keandra A. Williams Principal's Signature: Richard [Signature]

Parent / Legal Guardian's Signature: [Signature] Student's Signature: Jalyria Carter

*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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