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.**

Carencro Heights Elem. (School) — $ 15.00 (Funding Request)

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

Tristen Hernandez (Student who will receive funding) — (Parent/Guardian's Name) — $ -0- (Parent's Contribution)

3rd (Student's Grade) — Keandra A. Williams (Student's Teacher) — (Parent's phone number)

601 Lee Ma. Road (School Address) — kawilliams@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.

1. Bus Trip $ 11.00
2. _____ $ _____
3. BREC $ 4.00
4. _____ $ _____

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

Keandra A. Williams (Teacher or Counselor's Signature)

[signature] (Principal's Signature)

_____ (Parent / Legal Guardian's Signature)

Tristen Hernandez (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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