

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) 412-0603
Phone Number

Connor Savoy
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 Tee 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.

- Bus Trip \$ 11.00
- _____ \$ _____
- BREC \$ 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 this field trip.

Keandra A. Williams
Teacher or Counselor's Signature

Richard
Principal's Signature

Parent / Legal Guardian's Signature

Connor Savoy
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.