Date of Application: 4-19-16

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 — School
$ 15.00 — Funding Request

Ms Downing — Teacher or Counselor
Teacher — Position
337-254-5932 — Phone Number

Mariah Savoy — Student who will receive funding
Parent/Guardian's Name
$ 0 — Parent's Contribution

3rd — Student's Grade
Downing — Student's Teacher
Parent's phone number

6001 Tee Ma Road — School Address
lcdowning@lpssonline.com — Teacher's Email

3rd Grade Trip (Field) to Baton Rouge — 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 Zoo $ 4.00
4. _____ $ _____

Why does this student qualify for this assistance? She is a student at an at risk school who cant afford to pay for trip

Teacher or Counselor's Signature
Principal's Signature

Parent / Legal Guardian's Signature
Mariah 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.