

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.

Careno Heights
School

\$ 15.00
Funding Request

Vanessa Savoy
Teacher or Counselor

Teacher
Position

337 521-7640
Phone Number

Alexis Francis
Student who will receive funding

Alexis Francis
Parent/Guardian's Name

\$ _____
Parent's Contribution

3rd
Student's Grade

Vanessa Savoy
Student's Teacher

337 565 7191
Parent's phone number

1001 Teema Rd
School Address

vsavoy@pssonline.com
Teacher's Email

3rd grade Baton Rouge 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
3. _____ \$ _____

2. BREC ZOO \$ 4.00
4. _____ \$ _____

Why does this student qualify for this assistance? She is a student at an at risk school who cannot afford it

Vanessa Savoy
Teacher or Counselor's Signature

Nicholas
Principal's Signature

Alexis Francis
Parent / Legal Guardian's Signature

Alexis Francis
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.