

Date of Application: 12/2/16

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

Shining Light

Foundation



P.O. Box 60602

Lafayette, LA 70506

EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2015-2016

APPLICATION INFORMATION: Applications must be filed or postmarked by the 1st of the month prior to the schedule. (1st/2nd/3rd/4th/5th/6th/7th/8th/9th/10th/11th/12th) All scholarship checks will be made payable to the school and sent by the 15th of each month. *One Activity per application please.

School: Wooddale ElementaryFunding Request: \$2000Teacher or Coordinator: Kim ComeauxPosition: TeacherPhone Number: 337-521-7830Student who will receive funding: Jeterius BrownParent/Guardian's Name: Temi JohnsonParent's Contribution: \$0Student's Grade: 3rdStudent's Teacher: Kim ComeauxParent's phone number: 337-541-3359School Address: 100 Leon DriveTeacher's Email: kcomeaux@lpssonline.comTitle of enrichment activity: Baton Rouge field tripDate of Activity: January 6, 2017Area of Interest: ☒ Academic ☐ Cultural ☐ Personal Enrichment

Describe the enrichment activity the student will participate in. Please itemize all trip expenses.

1. State Capitol2. Capitol Park Museum

3. _____

4. _____

Why does this student qualify for this assistance? The parents are unable to afford to take him to go on this educational field trip.Teacher or Coordinator's Signature: Kim ComeauxParent's Signature: Margie VitoParent/Guardian's Signature: Jeterius BrownStudent's Signature: Jeterius Brown

*All information and signatures must be provided for consideration of scholarship. For more information call John Brown at 337-296-1588. Please fax application to John Brown at (337) 604-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70506.