

Date of Application: 2/9/17

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 70506EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2015-2016

APPLICATION INFORMATION: Applications must be faxed or postmarked by the 1st of the month prior to the schedule listed (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.

Woodvale Elementary School 26.00
Funding Request

Stephanie Vallot teacher 337-521-7830
Teacher or Counselor Position Phone Number

Corell Trahan -0-
Student who will receive funding Parent/Guardian's Name Parent's Contribution

4 Vallot
Student's Grade Student's Teacher

100 Lee Drive smmose@lpssonline.com
School Address Teacher's Email

Science: Animal Species, Ecosystems 5-11-17
Title of enrichment activity 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. <u>Bus</u> <u>\$17.25</u>	2. <u>Popcorn</u> <u>\$4.25</u>
3. <u>Zoo Admission</u> <u>\$2.50</u>	4. <u>Train ride</u> <u>\$2.00</u>

Why does this student qualify for this assistance? Mother has a serious illness. I am not allowed out of trip

Stephanie Vallot Corell Trahan
Teacher or Counselor's Signature Principal's Signature

Corell Trahan
Parent / Legal Guardian's Signature Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-286-1588. Please fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70506.