

Date of Application: 2/16/17

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 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.

School: Woodvale Elementary Funding Request: \$ 26.00
 Teacher or Counselor: Stephanie Vallot Position: teacher Phone Number: 337-521-7830
 Student who will receive funding: Ana Herris Parent/Guardian's Name: Enrika Gomez Parent's Contribution: \$ -0-
 Student's Grade: 4 Student's Teacher: Vallot Parent's phone number: 337-521-7830
 School Address: 100 Leah Drive Teacher's Email: smmase@lpssonline.com
Baton Rouge Zoo 5/11/17
 Title of enrichment activity: Science - Animals, Species, Ecosystems Date of Activity: 5-11-17
 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? Parents can't afford to pay for trip

Teacher or Counselor's Signature: Stephanie Vallot
 Principal's Signature: Christy Hays
 Parent / Legal Guardian's Signature: _____ Student's Signature: X Ana Gomez

*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) 504-2155 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.