

Date of Application: 3/30/17

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 70506
**EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2014-2015**

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: Prairie Elementary Funding Request: \$ 45.00

Teacher or Counselor: Katie Stefan/Ms. Taylor Position: Teacher/Counselor Phone Number: 337-521-7790

Student who will receive funding: Samantha Fall Parent/Guardian's Name: Rosa Bishop Parent's Contribution: \$ 0

Student's Grade: 5 Student's Teacher: Katie Stefan Parent's phone number: (337) 280-8095

School Address: 2910 Ambassadors Coffey Pkwy Lafayette, LA 70506 Principal: Cayce Booker/Tara Walker

Title of enrichment activity: 5th Grade New Orleans Field Trip Date of Activity: 5/12/17

Area of Interest: Academic Cultural Personal Enrichment

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

1. Aquarium, Insectarium, Giant Screen Theater \$ 45.00

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Why does this student qualify for this assistance? raised by great grandparents

Does this student qualify for free lunch? Yes No

Teacher or Counselor's Signature: Katie Stefan

Parent / Legal Guardian's Signature: Maria Bishop

Principal's Signature: W. Walker

Student's Signature: Samantha Fall

521 7951
446-2880

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-295-1588. Please Fax application to John Broussard at (337) 504-2185 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70506.