

Date of Application: 10/10/17

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 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 \$ 8.50

Teacher or Counselor Laura Campbell Position teacher Phone Number (337) 521-7790

Student who will receive funding Abraham Boze Parent/Guardian's Name Catherine Boze Parent's Contribution \$ _____

Student's Grade 1st Student's Teacher Laura Campbell Parent's phone number (337) 962-2521

School Address 2910 Amb. Caffery Pkwy Lafayette, LA 70506 Principal Cayce Bocher

Title of enrichment activity Acadiana Center for the Arts "Le Papillon" Date of Activity 11/3/17

Area of Interest: ☐ Academic ☒ Cultural ☐ Personal Enrichment

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

1. Acadian cultures \$ 8.50 2. _____ \$ _____
3. _____ \$ _____ 4. _____ \$ _____

Why does this student qualify for this assistance? financial difficultiesDoes this student qualify for free lunch? Yes ☒ No ☐Teacher or Counselor's Signature Laura CampbellParent / Legal Guardian's Signature Catherine BozePrincipal's Signature Cayce BocherStudent's Signature Abraham Boze

*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.