

Please sign below

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: Hailynn Levy Parent/Guardian's Name: Hailley Levy Parent's Contribution: \$ _____

Student's Grade: 1st Student's Teacher: Laura Campbell Parent's phone number: 337-790-9234

School Address: 2910 Amb. Cattery Pkwy Principal: Cayce Booher
Lafayette, LA 70506

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

Area of Interest: Academic Cultural Personal Enrichment

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

1. Acadian cultures \$ 2.50

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Why does this student qualify for this assistance? financial difficulties

Does this student qualify for free lunch? Yes No

Laura Campbell
Teacher or Counselor's Signature

Cayce Booher
Principal's Signature

Hailley Levy
Parent / Legal Guardian's Signature

Hailynn Levy
Student's Signature

*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.