

Date of Application: 12/20/17

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.

Woodvale Elementary
School

\$ 21.00
Funding Request

Elaine Conant
Teacher or Counselor

teacher
Position

331-521-7830
Phone Number

Dasani Gardner
Student who will receive funding

Rondasha Gardner
Parent/Guardian's Name

Parent's Contribution

3
Student's Grade

Elaine Conant
Student's Teacher

337-693-2071
Parent's phone number

100 Leon Dr Lafayette 70503
School Address

Teacher's Email

State Capitol Field Trip
Title of enrichment activity

January 25, 2018
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. Bus cost per \$ 21.00
3. student \$ _____

2. _____ \$ _____
4. _____ \$ _____

Why does this student qualify for this assistance? _____

Elaine Conant
Teacher or Counselor's Signature

Rondasha Gardner
Parent / Legal Guardian's Signature

Momique Vidas
Principal's Signature

Dasani Gardner
Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-299-1986. Please fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.