

Date of Application: 9/24/13

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

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 Duson Elementary Funding Request \$ 14.00
Teacher or Counselor Angie Simmons Position Counselor Phone Number 5217660
Student who will receive funding Edin Hamilton Parent/Guardian's Name Edward Hamilton Parent's Contribution \$0
Student's Grade K Student's Teacher Patterson Parent's phone number 254-1022
School Address 301 4th St. / P.O. Box 7, Duson LA 70529 Principal Connie P. Fontenot
Title of enrichment activity Pumpkin Patch Date of Activity 9/15/13

Area of Interest ☒ Academic ☒ Cultural ☐ Personal Enrichment

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

1. Learning how to sew \$ 7.00 2. Bus \$ 7.00
3. groceries \$ _____ 4. _____ \$ _____

Why does this student qualify for this assistance? _____

Does this student qualify for free lunch? Yes ☒ No ☐

Angie Simmons
Teacher or Counselor's Signature

Connie P. Fontenot
Principal's Signature

Parent / Legal Guardian's Signature _____

Student's Signature _____

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-296-1685. Please Fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.