

Date of Application: April 20th, 2013

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 70598

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.

Woodyale

School

\$ 12.00

Funding Request

Mrs. Odah

Teacher or Counselor

Teacher

Position

337-251-0330

Phone Number

Faith McDaniel

Student who will receive funding

Shirley L Loe

Parent/Guardian's Name

\$ 0

Parent's Contribution

K

Student's Grade

Mrs. Odah

Student's Teacher

337-5967352

Parent's phone number

100 Leon Dr

School Address

jaudah@lpsnline.com

Teacher's Email

Zoo Field Trip

Title of enrichment activity

5-2-23

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. animals \$ _____ 2. habitats \$ _____

3. _____ \$ _____ 4. _____ \$ _____

Why does this student qualify for this assistance? Homeless but not classified

as homeless with school

Mrs. Odah

Teacher or Counselor's Signature

Principal's Signature

Faith McDaniel

Parent / Legal Guardian's Signature

Faith Elizabeth McDaniel

Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-238-1588. Please fax application to John Broussard at (337) 604-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70598.