

**SHINING LIGHT FOUNDATION  
EXTRA CURRICULAR ASSISTANCE  
GUIDELINES 2016-2017**

**The Shining Light Mission Statement:**

To provide financial assistance to individual children for academic, cultural and personal enrichment so that every child's light will shine.

**Who is Eligible to Submit Applications?**

Any teacher, guidance counselor, or principal in pre-K through grade eight (8) public schools in Lafayette Parish is eligible to submit an application. No more than five (5) applications per class per event will be considered.

**Qualifications for Scholarship Awards:**

Any individual student enrolled in pre-K through grade eight (8) in a Lafayette Parish public school who has specific needs related to academic, cultural and personal enrichment.

**Scholarship Amounts:**

Subject to student needs and available funds.

**Time Frame:**

The committee must receive the application on or before the 1<sup>st</sup> of the month in order to be considered that month. Any applications received after that date may not be considered until the following month. School board employees will be notified by the 15<sup>th</sup> of the month whether or not the application was granted. Please note: scholarship checks will be written once a month at our monthly meeting.

**Application Checklist:**

- Completed Shining Light Application form.
- Application must be signed by all of the following:
  - a. Teacher or guidance counselor
  - b. Parent or Legal Guardian
  - c. Student
  - d. Principal
- To ensure timely consideration, application must be received by the first of the month.

**Shining Light Foundation Information:**

The Shining Light Foundation is a private, non-profit, tax-exempt, 501 (c) (3) charitable organization governed by a board of directors. For additional information about the Shining Light Foundation, visit our website at [www.shininglightfoundation.org](http://www.shininglightfoundation.org) or write to us at: The Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

Date of Application: \_\_\_\_\_



"To provide opportunities so that every child's light will shine"

P.O. Box 60602, Lafayette, LA 70596

Shining Light Use Only:

Granted: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

**EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2016-2017**

**PLEASE PRINT**

**APPLICATION INFORMATION:** Applications must be faxed to John Broussard at (337) 446-2880 or mailed with a postmark by the 1<sup>st</sup> of the month prior to the scheduled activity. (See attached guidelines.) All scholarship checks will be made payable to the school and sent by the 15<sup>th</sup> of each month. **One child per application, please.** Questions? Contact John Broussard at (337) 298-1588.

**SCHOOL INFORMATION**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_ Email: \_\_\_\_\_  
 (Name) (Title)

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Total Fund Requested: \$ \_\_\_\_\_  
 (Name)

Parent Phone Number: \_\_\_\_\_ Parent's Contribution: \$ \_\_\_\_\_

Does this student qualify for free lunch? Yes  No  Reason for assistance? \_\_\_\_\_

\_\_\_\_\_

**ACTIVITY INFORMATION**

Name of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Is this activity: Academic,  Cultural,  Personal Enrichment,  or Other (Explain): \_\_\_\_\_

Please itemize all trip expenses: 1. \_\_\_\_\_ \$ \_\_\_\_\_ 2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Teacher / Counselor's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Parent / Legal Guardian's Signature

\_\_\_\_\_  
Student's Signature

**All information and signatures must be provided for consideration of scholarship.**

Revision: July 2016