

**SHINING LIGHT FOUNDATION  
SPECIAL PROJECT ASSISTANCE - GUIDELINES**

**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.

**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 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:**

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- Completed Shining Light Application form.
  - Application must be signed by all of the following unless otherwise noted:
    - a. Teacher or Guidance Counselor
    - b. Parent or Legal Guardian
    - c. Student
    - d. Principal
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- To ensure timely consideration, application must be received by the first of the month.
  - Supporting documents - examples: lesson plan(s), project goal(s), expected outcome(s), etc.
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**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: \_\_\_\_\_



P.O. Box 60602, Lafayette, LA 70596

Shining Light Use Only:

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

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

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

**SPECIAL PROJECT SCHOLARSHIP APPLICATION**

**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. 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 / SPECIAL PROJECT INFORMATION**

Student / Project Name: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Number of Students: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_  
(If applicable) (If applicable)

Do student(s) qualify for free lunch? Yes  No  If YES, approximately how many students? \_\_\_\_\_

**SPECIAL PROJECT INFORMATION**

Type of Project / Need: \_\_\_\_\_ Total amount requested \$ \_\_\_\_\_

Is there any other funding source for this project? Yes  No  If YES, please indicate the amount: \$ \_\_\_\_\_

Please explain project and reason for funding need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of Project: \_\_\_\_\_

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

Parent / Legal Guardian's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_  
(If applicable) (If applicable)