

Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light

P.O. Box 60802
Lafayette, LA 70586
**EXTRA CURRICULAR ASSISTANCE
SCHOLARSHIP APPLICATION 2005-2006**
Musical Instrument Application

Vouched
10/11/05

APPLICATION INFORMATION: Applications must be filed or postmarked by the 1st of the month. (See Back) All scholarship checks will be made payable to the school and sent by the 15th of each month. *One child per application please.

Carencas Heights School 80 Funding Request
David Pipkin Teacher 896-6171 Phone Number
School Board Employee Position
Andre Woods 896-3066 Parent's phone number
Student who will receive funding Parent's Name
5th Mrs. Makley K. Andersen Principal
Student's Grade Student's Teacher
601 Tee N Rd. ASAP Date instrument is needed
School Address
1200 N. Mee' Dr 30 Parent's Contribution (25%)
Student's Address
Drum Kit 1/0 Instrument child is using

Please itemize any other items needed; include cost per item.

1. _____
2. _____
3. _____
4. _____

Why does this student qualify for this assistance?

Free lunch

Ma Pipkin
School Board Employee Signature
Andre Woods
Parent / Legal Guardian Signature

[Signature]
Principal Signature
Andre Woods
Student Signature

*All information and signatures must be provided for consideration of scholarship. Please Fax to Michelle Izzo at (337) 232-1301 or mail to Michelle Izzo, 1006 E. St. Mary Blvd. Suite 207, Lafayette, LA 70503.

10/17

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