

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

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



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

P.O. Box 60602  
Lafayette, LA 70596

**EXTRA CURRICULAR ASSISTANCE  
SCHOLARSHIP APPLICATION 2006-2007  
Musical Instrument Application**

**APPLICATION INFORMATION:** Applications must be faxed or postmarked by the 1<sup>st</sup> of the month. (See Back) 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.

Milton \_\_\_\_\_ \$ 187.50  
 School Funding Request  
 Hahn \_\_\_\_\_ Band Director 856-5826  
 School Board Employee Position Phone Number  
 Benjamin Walker \_\_\_\_\_ Donavan Walker 857-0242  
 Student who will receive funding Parent's Name Parent's phone number  
 6 \_\_\_\_\_ Hahn \_\_\_\_\_ Kebodeaux  
 Student's Grade Student's Teacher Principal  
 \_\_\_\_\_ Milton Ave, Milton 8-29-06  
 School Address Date instrument is needed  
 106 Country Morning \_\_\_\_\_  
 Student's Address Lafayette LA 70508 \$ 25% 62.50  
 Parent's Contribution (25% of total cost)  
 Saxophone  
 Instrument child is leasing \$250

Please itemize any other items needed; include cost per item. Total Cost: \$ \_\_\_\_\_

1. _____ \$ _____	2. _____ \$ _____
3. _____ \$ _____	4. _____ \$ _____

Why does this student qualify for this assistance? working family with 5 children.

School Board Employee Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Parent / Legal Guardian Signature

Principal Signature \_\_\_\_\_  
 Benjamin Walker  
 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, 1005 E. St. Mary Blvd. Suite 207, Lafayette, LA 70503.