

Date of Application: _____

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 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2005-2006 Musical Instrument Application



APPLICATION INFORMATION: Applications must be faxed 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.

Scott Middle School
School

\$ 120⁰⁰
Funding Request

James T. SQUARE
School Board Employee

Teacher - Band 235 9698
Position Phone Number

Jose Perez
Student who will receive funding

Ivonne DelRosario 356-1974
Parent's Name Parent's phone number

5th Square
Student's Grade Student's Teacher

Ronald LeBlanc
Principal

116 Marie Street Scott
School Address

Clarinet
Date instrument is needed

133 Pallett St Laf 70506
Student's Address

\$ 40⁰⁰
Parent's Contribution (25% of total cost)

Clarinet \$ 160⁰⁰
Instrument child is leasing

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

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

Why does this student qualify for this assistance? for the reason that we are here on low income, we are in public housing & need aid.

James T. Square
School Board Employee Signature

[Signature]
Principal Signature

Jose Perez
Parent / Legal Guardian Signature

[Signature]
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.