

Date of Application: 3/14/06

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.

School Scott Middle School\$ 82⁵⁰
Funding RequestSchool Board Employee James T. SQUARETeacher (Band) Shamika Edmond
Position238-9698
Phone NumberStudent who will receive funding Phillip EdmondParent's Name Shamika Edmond(337) 739-8352
Parent's phone number5th
Student's GradeJames T. SQUARE
Student's TeacherRonald J. LeBlanc
Principal116 Marie Street
School Address7-Sep-06
Date instrument is needed1027 Orchid Dr
Student's Address\$ 27.50
Parent's Contribution (25% of total cost)Bells Kit
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? This year Phillip have a big interest in band. But I can't afford an instrument.James T. Square
School Board Employee Signature[Signature]
Principal SignatureShamika Edmond
Parent / Legal Guardian SignaturePhillip Edmond
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.