

Date of Application: 9-5-06

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.

CARENCRO HEIGHTS ELEMENTARY
School

\$ 187.50
Funding Request

[Signature]
School Board Employee

Position

886-6171
Phone Number

QUINTON WAYNE CHARLES
Student who will receive funding

MARLENA A. PATIN
Parent's Name

(337) 322-6490
Parent's phone number

5TH
Student's Grade

MRS. MCKINLEY
Student's Teacher

MRS. ANDERSON
Principal

601 TEE MA ROAD CARENCRO, LA 70520
School Address

AS SOON AS POSSIBLE
Date instrument is needed

112 PEACEFUL DRIVE CARENCRO, LA 70520
Student's Address

\$ 62.50
Parent's Contribution (25% of total cost)

SAXOPHONE 250
Instrument child is leasing

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

- | | |
|------------------------------------|------------------------------|
| 1. <u>STARTER BOOK</u> \$ <u>8</u> | 2. <u>REEDS</u> \$ <u>22</u> |
| 3. <u>[Signature]</u> | 4. _____ \$ _____ |

Why does this student qualify for this assistance? I AM ALSO A SINGLE PARENT I am not able to afford to pay for the instrument. My application @ Lafayette Music was declined

[Signature]
School Board Employee Signature

[Signature]
Principal Signature

Marlena A. Patin
Parent / Legal Guardian Signature

Quinton W. Charles
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.