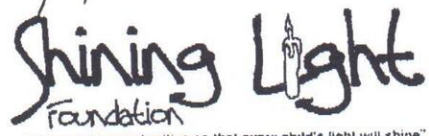


Date of Application: 9/6/06

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 ~~2005-2006~~ 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.

<u>DUSON ELEMENTARY</u> School	\$ <u>156</u> Funding Request
<u>M. VAN WICK</u> School Board Employee	<u>BRYAN ANASTA</u> Position
<u>RYNIKA FELIX</u> Student who will receive funding	<u>935-7763</u> Phone Number
<u>5</u> Student's Grade	<u>GEORGIANNA FELIX</u> Parent's Name
<u>M. VAN WICK</u> Student's Teacher	<u>935-6039</u> Parent's phone number
<u>P.O. Box 7</u> School Address	<u>DUSON 70529</u> Date instrument is needed
<u>211 F STREET</u> Student's Address	\$ <u>52</u> Parent's Contribution (25%)
<u>CLARINET</u> Instrument child is leasing	<u>160</u>

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

- MUSIC BOOK - \$0
- MUSIC STAND \$10
- ACCESSORY KIT 18.00
- BOX OF #2 PENS 12.00

Why does this student qualify for this assistance? FAMILY FINANCIAL NEED

[Signature]  
School Board Employee Signature

X Georgianna Felix  
Parent / Legal Guardian Signature

X Maryhellen Domingue  
Principal Signature

Ryника Felix  
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.