

Date of Application: 5-4

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.

9-11-06

Carencro Heights School \$ 217.50 Funding Request

David Piptkin School Board Employee Brady Jacoby Position Phone Number

Michelle Izzo Student who will receive funding THANK YOU Parent's Name 896-3991 Parent's phone number

5 Student's Grade A. Stokes Student's Teacher Kathleen Gendron Principal

601 Tee Ma Rd School Address Date instrument is needed

417 Louvelan Rd Lot #2. Student's Address \$ 10.00 72.50 Parent's Contribution (25% of total cost)

Instrument child is leasing

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

1. Book \$ 2.00 2. Saxophone \$ _____

3. _____ \$ _____ 4. _____ \$ _____

Why does this student qualify for this assistance? _____

School Board Employee Signature

Parent/Legal Guardian Signature

Principal 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.

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