

Date of Application: 2/1/07
856-1918

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 2006-2007**
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: Ernest Pallet. Funding Request: ~~250.00~~ 250.00
 School Board Employee: B. Ray Therapy Position: Band Director Phone Number: 337-315-8654
 Student who will receive funding: Lazarus Ardony Parent's Name: MARIA MIRANDA Parent's phone number: U. BONVILLE
5th Student's Grade: Mrs Bathea. Student's Teacher: Principal
 School Address: 2901 G. Milton Ave. Youngsville LA 70592 Date instrument is needed: ASP
 Student's Address: 200 Merchants Blvd apt 219 Lafayette, LA, 70508 Parent's Contribution (25% of total cost): 83.36 53.88

Instrument child is leasing: _____
 Please itemize any other items needed; include cost per item. Total Cost: ~~250.00~~ 215.50
 1. Trombone \$ 215.00 2. Accessories - Kit \$ 32.50
 3. Book \$ 10.75 4. Mouthpiece App. \$ 15.00

Why does this student qualify for this assistance? I am a single mom, I have low income.

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.

89