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Shining Light Use Only

Granted: _____
Amount: _____
Check Number: _____

Date of Application: 7/1/10



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 2010-2011 Musical Instrument Application



APPLICATION INFORMATION: Applications must be faxed or postmarked by the 1st of the month.
*One child per application please.

Myrtle Place Elem. School \$ 131.25
School) Funding Request (75% of total cost)

Pamela J. Winkler Ronda Proctor 337-235-5224
Teacher or Counselor's Name Position Phone Number

Brian Sam Latonia Mura 212-4716
Student who will receive funding Parent/Guardian's Name Parent's phone number

5th Mrs Proctor Mrs. Mura
Student's Grade Student's Teacher Principal

1100 Myrtle Place Blvd LA 70506 337-232-9711
School Address School Fax Number

515 S. Bicentennial St. Sept 8th, 2010
Student's Address Date instrument is needed

Beal Kit/Percussion incl \$175.00 \$43.75
Instrument Package Price Parent's Contribution
(All instruments will come with care kit & accessories) (25% of total cost)

Book Name Division of the Beat 1A Reed Strength N/A
Percussion (Sax & Clarinet only)

Why does this student qualify for this assistance? I am his mother & I am a
student and I do not work

Pamela J. Winkler [Signature]
Teacher or Counselor's Signature Ms. Principal's Signature

Brian Sam [Signature]
Parent / Legal Guardian's Signature Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-298-1588. Please Fax application to John Broussard at (337) 504-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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