

Date of Application: 9/8/10

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 2010-2011 Musical Instrument Application



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

School RIDGE ELEM Funding Request (75% of total cost) \$ 18750

Teacher or Counselor's Name B. Van Wick Position Band Director Phone Number 886-7763

Student who will receive funding Kyle's CHAVIS Parent/Guardian's Name Renee Chavis Parent's phone number 281-7547

Student's Grade 5 Student's Teacher Mrs. ARECUX Principal K. FULNER

School Address _____ School Fax Number 886-7801

Student's Address 1731 Lagrange Rd #31 Date instrument is needed SOON

Instrument Package TRUMPET Price \$ 250⁰⁰

(All Instruments will come with care kit & accessories)

Book Name Ascent w/ Achievement Reed Strength _____
(Sax & Clarinet only)

Parent's Contribution (25% of total cost) \$ 6250

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

Teacher or Counselor's Signature B. Van Wick Principal's Signature [Signature]

Parent / Legal Guardian's Signature Renee Chavis Student's Signature [Signature]

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-296-1588. Please Fax application to John Broussard at (337) 604-2166 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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