

Date of Application: _____

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.

Plantation Elem. School \$ 266.25 Funding Request (75% of total cost)

James Cook Teacher or Counselor's Name Teacher Position 984-7462 Phone Number

Margie Phillips Student who will receive funding Dennis Phillips Parent/Guardian's Name 255-7423 Parent's phone number

5th Student's Grade James Cook Student's Teacher Anne Herrmann Principal

1801 Kelsie Salome School Address _____ School Fax Number

422 Quail Drive, Laf 70508 Student's Address ASAP Date instrument is needed

Saxophone Instrument Package \$ 255.00 Price \$ 88.75 Parent's Contribution (25% of total cost)

Book Name Division of Reat Reed Strength 2 1/2
(Sax & Clarinet only)

Why does this student qualify for this assistance? Health issues in the family

James Cook Teacher or Counselor's Signature Anne Herrmann Principal's Signature

Margie Phillips Parent / Legal Guardian's Signature Margie Phillips 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.

24