

Date of Application: 8-17-11

Shining Light Use Only:
Granted: <u>9/7/2011</u>
Amount: <u>18750</u>
Check Number: _____



Shining Light Foundation

"To provide opportunities so that every child a light will shine"

P.O. Box 60602

Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2011-2012 Musical Instrument Application



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

Charles Burke
School

\$ 187.50 *
Funding Request (75% of total cost)

Mrs. Jackson
Teacher or Counselor's Name

Counselor
Position

337-521-8633
Phone Number

Dillion Mouton
Student who will receive funding

Tanette Mouton
Parent/Guardian's Name

337-315-2226
Parent's phone number

5th
Student's Grade

Mrs. Patient
Student's Teacher

Mrs. Durand
Principal

2845
School Address

Ridge Road

337-521-7631
School Fax Number

4936
Student's Address

West Congress St. Lot #6

Trumpet
Date instrument is needed

Trumpet
Instrument Package

\$ 250.00
Price

\$ 62.50
Parent's Contribution
(25% of total cost)

*parent would like to know if this could be paid in installments

Book Name _____

Reed Strength _____

(Sax & Clarinet only)

Why does this student qualify for this assistance?

I'm raising 3 kids

* mother is on disability
of her own.

Chiffonia Jackson
Teacher or Counselor's Signature

[Signature]
Principal's Signature

[Signature]
Parent / Legal Guardian's Signature

Dillion Mouton
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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