

Date of Application: 9/12/11

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 2011-2012
Musical Instrument Application



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

Acadian Middle
 School

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

Leola Woods
 Teacher or Counselor's Name

Band Teacher
 Position

581-7861
 Phone Number

Kennedi Simpson
 Student who will receive funding

Joseph Simpson
 Parent/Guardian's Name

337-2788671
 Parent's phone number

5
 Student's Grade

Leola Woods
 Student's Teacher

Alvin Broussard
 Principal

4201 Moss St.
 School Address

521-7841
 School Fax Number

200 High Meadows Blvd. #1346
 Student's Address Lafayette, LA 70507

ASAP
 Date instrument is needed

Trumpet
 Instrument Package

\$ 250.00
 Price

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

(All Instruments will come with care kit & accessories)

Book Name Accent on Achievement

Reed Strength _____

(Sax & Clarinet only)

Why does this student qualify for this assistance?

Due to illness

Mother is not working

[Signature]
 Teacher or Counselor's Signature

[Signature]
 Principal's Signature

[Signature]
 Parent / Legal Guardian's Signature

[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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