

Date of Application: ~~March~~ ^{April} 23, 2012

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: <u>572</u>



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

Ernest Gallet Elem. \$12.00
 School Funding Request (75% of total cost)

Samantha Stephens Teacher 521-7690
 Teacher or Counselor's Name Position Phone Number

Carlos Velasquez Kimberly Velasquez 337.456.6004
 Student who will receive funding Parent/Guardian's Name Parent's phone number

3 Samantha Stephens N. Thomas
 Student's Grade Student's Teacher Principal

2901 E. Milton Ave Youngsville, La. 70592 521-7691
 School Address School Fax Number

221 Verot School Rd #114 Lafayette, La. 70508 April 24, 2012
 Student's Address Date instrument is needed

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

(All instruments will come with care kit & accessories)

Book Name _____ Reed Strength _____
 (Sax & Clarinet only)

Why does this student qualify for this assistance? Financial difficulties, Field Trip

Samantha Stephens N. Thomas
 Teacher or Counselor's Signature Principal's 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.