

Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____



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

~~\$355~~ \$ 266.25
Funding Request (75% of total cost)

Leola Wood
Teacher or Counselor's Name

Teacher
Position

501-7840
Phone Number

James Richard
Student who will receive funding

Connie Richard
Parent/Guardian's Name

337-371-5359
Parent's phone number

6th
Student's Grade

Leola Wood
Student's Teacher

A. Lasseigne
Principal

4201 Moss
School Address

501-7841
School Fax Number

Student's Address

Saxophone
Instrument Package
(All instruments will come with care kit & accessories)

\$355
Price

Date instrument is needed

\$88.75
Parent's Contribution
(25% of total cost)

Book Name Accent on Achievement

Reed Strength 2 1/2
(Sax & Clarinet only)

Why does this student qualify for this assistance?

Family
low income

Leola Wood
Teacher or Counselor's Signature

Ann Lasseigne
Principal's Signature

Connie Richard
Parent / Legal Guardian's Signature

James Richard
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.