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 2009-2010

Musical Instrument Application

APPLICATION INFORMATION: Applications must be faxed or postmarked by the 1st of the month. (See Back) All scholarship checks will be made payable to the school and sent by the 15th of the month. ***One child per application please.**

BURKE ELEMENTARY — School

$ 187.50 — Funding Required (75% of total cost)

M. VAN WICK — School Board Employee

BAND — Position

888-7763 — Phone Number

DaMarion Hamilton — Student who will receive funding

Bernadette Hamilton — Parent/Guardian's Name

337-781-5606 — Parent's phone number

5TH — Student's Grade

M. VAN WICK — Student's Teacher

L. Williams Durand — Principal

2845 RIDGE Rd. JENNINGS — School Address

ASAP — Date instrument is needed

303 Belfast St. Apt D. LAF LA 70506 — Student's Address

CLARINET — Instrument

Please itemize instrument and any other items needed; include cost per item.

1. CLARINET PACKAGE 250 — 2. _____ $ _____

3. _____ $ _____ — 4. _____ $ _____

Total cost of instrument & supplies: $ 250 — $ 62.50 Parent's Contribution (25% of total cost)

Why does this student qualify for this assistance? FINANCIAL NEED

M Van Wick — School Board Employee's Signature

Principal's Signature

Bernadette Hamilton — Parent / Legal Guardian's Signature

DaMarion Hamilton — 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) 984-7535** or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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