

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 2011-2012 Musical Instrument Application



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

Evangeline School 18750 Funding Request (25% of total cost)
Mrs. Batiste Teacher or Counselor's Name Counselor Position 337-521-7670 Phone Number
Zoe Wiltz Student who will receive funding Mrs. Abby Wiltz Parent/Guardian's Name 337-534-8718 Parent's phone number
5th Student's Grade Mr. Fall Student's Teacher Mrs. Williams Principal
612 E. Butcher Switch Rd. School Address 337-5217671 School Fax Number
120 Bay Rum Dr. Student's Address ASAP Date instrument is needed

Trumpet Instrument Package 257.00 Price 62.50 Parent's Contribution (25% of total cost)
 (All Instruments will come with care kit & accessories)

Book Name Across On Acheunt Reed Strength: _____
 (Sax & Clarinet only)

Why does this student qualify for this assistance? low income family

Leda Weed Teacher or Counselor's Signature Linda Vance Principal's Signature
Abby Wiltz Parent / Legal Guardian's Signature Zoe Wiltz Student's Signature

*All information and signatures must be provided for consideration of scholarship. For more information call John Brousseau at 337-298-1588. Please Fax application to John Brousseau at (337) 604-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.

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