Date of Application: 9/11/13

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 Elem.
School

$ 187.50
Funding Request (75% of total cost)

Mrs Ward
Teacher or Counselor's Name

Band Teacher
Position

Debralle Sam
Student who will receive funding

Debra Sam
Parent/Guardian's Name

337-852-9065
Parent's phone number

5th Grade
Student's Grade

Monsieur Fall
Student's Teacher

Mrs Williams
Principal

Leo E Butcher Switch Rd
School Address

School Fax Number

307 E. Butcher Switch Rd
Student's Address

(ASAP) Now / 9-13
Date instrument is needed

Lafayette, LA 70507

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

$ 250
Price

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

Book Name _____

Reed Strength _____
(Sax & Clarinet only)

Why does this student qualify for this assistance? Financial difficulties right now

Teacher or Counselor's Signature

Denise Ford
Principal's Signature

Debra Sam
Parent / Legal Guardian's Signature

Debra Sam
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.