

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 1<sup>st</sup> of the month.  
\*One child per application please.

School: Acadian Middle \$ 187<sup>50</sup>  
 Teacher or Counselor's Name: Toda Woods Position: Teacher Funding Request (75% of total cost)  
 Student who will receive funding: John Broussard Parent/Guardian's Name: John Broussard Phone Number: 504-784-3200  
 Student's Grade: 5<sup>th</sup> Student's Teacher: Mrs. Woods Parent's phone number: (504) 784-3200  
 School Address: 5201 Moss St. School Fax Number: 504-784-1111  
 Student's Address: La Manigote Rd. #2 Brown Bridge Date instrument is needed: ASAP  
 Instrument Package: Trumpet Price: \$ 250 Parent's Contribution (25% of total cost): \$ 62<sup>50</sup>  
 (All instruments will come with case kit & accessories)  
 Book Name: Accent On Achievement Read Strength: \_\_\_\_\_  
 (Sax & Clarinet only)  
 Why does this student qualify for this assistance? I can not afford it, I am sorry to say.  
 Teacher or Counselor's Signature: Toda Woods Principal's Signature: L. Nance  
 Parent / Legal Guardian's Signature: John Broussard Student's Signature: John Broussard

\*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) 504-2155 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.