

Date of Application: 9/10/13

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.

School Acadian MiddleFunding Request (75% of total cost) \$ 266.25Teacher or Counselor's Name Leola WoodsPosition TeacherPhone Number 521-7840Student who will receive funding Mya K. SmithParent/Guardian's Name Joni SmithParent's phone number (337) 288-4038Student's Grade 5thStudent's Teacher Leola WoodsPrincipal L. NanceSchool Address 5201 Moss St.School Fax Number 521-7841Student's Address 15 Clematis Corner Lafayette, La 70507Date instrument is needed ASAPInstrument Package SaxophonePrice \$ 355.00Parent's Contribution (25% of total cost) \$ 88.75

(All Instruments will come with care kit & accessories)

Book Name Accent on AchromaticReed Strength 2 1/2

(Sax & Clarinet only)

Why does this student qualify for this assistance?

Mother can't afford to buy. I am on disability and have a set income.

Teacher or Counselor's Signature Leola WoodsPrincipal's Signature L. NanceParent / Legal Guardian's Signature Joni SmithStudent's Signature Mya K. Smith

*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.

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