

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.

School Acadian Middle \$ 1857.50
 Teacher or Counselor's Name Keelal Weeks Position Teacher Funding Request (75% of total cost)
 Student who will receive funding Drake Anderson Parent/Guardian's Name Kali Anderson Phone Number 521-7840
 Student's Grade 5th Student's Teacher Ms. Godfrey Parent's phone number 337-781-8100
 School Address 5001 Moss St. Principal ASAP
 Student's Address 319 Nottingham Cir School Fax Number ASAP
 Instrument Package Trumpet Price \$850⁰⁰ Date instrument is needed _____
 Parent's Contribution (25% of total cost) \$62.50
 (All instruments will come with care kit & accessories)

Book Name Accent on Aclarinet Reed Strength _____
(Sax & Clarinet only)

Why does this student qualify for this assistance? Low Income

Keelal Weeks
 Teacher or Counselor's Signature
Kali Anderson
 Parent / Legal Guardian's Signature

La'lance
 Principal's Signature
Drake Anderson
 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.

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