Date of Application: 8/29/14

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 2013-2014
Musical Instrument Application

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

Duson Elementary — School
$ 187.50 — Funding Request (75% of total cost)
Angela Simmons — Teacher or Counselor's Name
Counselor — Position
521 7660 — Phone Number
absimmons@lpssonline.com — Teacher's Email Address
521 7661 — Fax Number
Alex Comeaux — Student who will receive funding
Charlene Comeaux — Parent/Guardian's Name
873 3422 — Parent's phone number
5th — Student's Grade
Phelps — Student's Teacher
K. Rayburn — Principal
301 4th St./PO Box 7 — School Address
Duson — City
LA — State
70529 — Zip
Clarinet package — Instrument Package
(All instruments will come with care kit & accessories)
$ 257.50 — Price
$ 70.00 — Parent's Contribution (25% of total cost)
Book Name Essential Elements — Reed Strength _____
(Sax & Clarinet only)

Why does this student qualify for this assistance? This is a single-parent family whom is currently undergoing treatment for cancer.

Angela Simmons — Teacher or Counselor's Signature
Katherine Rayburn — Principal's Signature
Charlene Comeaux — Parent / Legal Guardian's Signature
Alex Comeaux — 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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