

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 2014-2015 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 schoolFunding Request (75% of total cost) \$ 187.50Teacher or Counselor's Name Ms. WoodsPosition TeacherPhone Number 337-706-4236Student who will receive funding Paris HurseyParent/Guardian's Name Kayla HebertParent's phone number 337-706-4236Student's Grade 5thStudent's Teacher CarterPrincipal NanceSchool Address 41201 Moss StSchool Fax Number 521-7840Student's Address Mucelaine St careno LA 70320Date instrument is needed 8/15Instrument Package Clarinet
(All Instruments will come with care kit & accessories)Price \$ 250Parent's Contribution (25% of total cost) \$ 62.50Book Name A.O.AReed Strength 2 1/2
(Sax & Clarinet only)Why does this student qualify for this assistance? to pay for oneThey can't affordTeacher or Counselor's Signature [Signature]Principal's Signature [Signature]Parent / Legal Guardian's Signature Kayla HebertStudent's Signature Paris Hursey

*All information and signatures must be provided for consideration of scholarship. For more information call John Broussard at 337-298-1688. Please Fax application to John Broussard at (337) 604-2165 or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.