

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.

Acadian Middle School 187 50

School

Funding Request (75% of total cost)

Ms. Carter

Teacher

(337) 234-300

Teacher or Counselor's Name

Position

Phone Number

Cast Calais

Brenda Calais 581-7821

Student who will receive funding

Parent/Guardian's Name

Parent's phone number

5th

Ms. Woods

Mr. Kelly

School Address

School Fax Number

102 Van Buren Dr. apt 1501

9/15/2014

Student's Address

Date instrument is needed

Trumpet

\$ 250

\$ 62.50

Instrument Package

Price

Parent's Contribution
(25% of total cost)

(All instruments will come with care kit & accessories)

Book Name Accent on Achievement

Reed Strength

(Sax & Clarinet only)

Why does this student qualify for this assistance?

Financially unable

to provide an instrument

Brenda Calais

Brenda Calais

Teacher or Counselor's Signature

Principal's Signature

Brenda Calais

Brenda Calais

Parent / Legal Guardian's Signature

Student's Signature

*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.

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