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
Funding Request (75% of total cost)

L Woods
Teacher or Counselor's Name

Teacher
Position

521-7840
Phone Number

Jimmy Randall Jr.
Student who will receive funding

Samantha Louding
Parent/Guardian's Name

337-412-4209
Parent's phone number

5th
Student's Grade

Leola Woods
Student's Teacher

J Vance
Principal

4201 Moss St.
School Address

521-7841
School Fax Number

Student's Address

9/15/14
Date instrument is needed

Trumpet
Instrument Package
(All instruments will come with case kit & accessories)

$ 250.00
Price

$ 62.50
Parent's Contribution
(25% of total cost)

Book Name Accent on Achievement

Reed Strength _____
(Sax & Clarinet only)

Why does this student qualify for this assistance? Can not afford it.

Teacher or Counselor's Signature

Principal's Signature

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 337-233-1588. Please Fax application to John Broussard at (337) 504-2166** or mail to Shining Light Foundation, P.O. Box 60602, Lafayette, LA 70596.