

Date of Application: 9/1/15

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

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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 2015-2016 Musical Instrument Application



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

School DUNSON ELEMENTARY \$ 187.50 TBA
Funding Request (75% of total cost)

Teacher or Counselor's Name M. VAN WICK Position Band Director Phone Number 338-886-7763

Teacher's Email Address mavanwick@lpschools.com Fax Number 337-541-7661

Student who will receive funding HAYLEE DUNSON Parent/Guardian's Name INTALIA STAN Parent's phone number 337-319-6044

Student's Grade 5 Student's Teacher M. VAN WICK Principal K. KAYBURN

School Address 301 Fourth St. PO Box 7 City Dunson State LA Zip 70525

Instrument Package _____ Price _____
(All instruments will come with care kit & accessories) Parent's Contribution (25% of total cost) \$ 62.50

Book Name ACCENT ON ACHIEVEMENT Reed Strength #2
(Sax & Clarinet only)

Why does this student qualify for this assistance? FINANCIAL NEED

Does this student qualify for free lunch yes no

Teacher or Counselor's Signature [Signature] Principal's Signature [Signature]

Parent / Legal Guardian's Signature [Signature] Student's Signature [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.