Date of Application: 9/1/15

S ing Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

(B)

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.

BURKE ELEMENTARY — School
$ 187.50 — Funding Request (75% of total cost)
M. VAN WICK — Teacher or Counselor's Name
BAND DIRECTOR — Position
337-886-7763 — Phone Number
mavanwick@ipsjonline.com — Teacher's Email Address
337-521-7631 — Fax Number
DERRIEN ALLEN — Student who will receive funding
Roberta Allen — Parent/Guardian's Name
337-909-4019 — Parent's phone number
5 — Student's Grade
M. VAN WICK — Student's Teacher
Williams-Durand — Principal
2845 RIDGE ROAD — School Address
DUSON, LA — City
70529 — State / Zip
_____ — Instrument Package (All instruments will come with care kit & accessories)
$ _____ — Price
$ 62.50 — Parent's Contribution (25% of total cost)
ACCENT ON ACHIEVEMENT — Book Name
#2 — Reed Strength (Sax & Clarinet only)
FINANCIAL NEED — Why does this student qualify for this assistance?

Does this student qualify for free lunch yes [✓] no [ ]

X M. VAN WICK — Teacher or Counselor's Signature
X [signature] — Principal's Signature
X Roberta Allen — Parent / Legal Guardian's Signature
X Derrien Allen — 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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