

(B)

Date of Application: 9/1/15

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 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 BURKE ELEMENTARY Funding Request (75% of total cost) \$ 65⁰⁰ TOTAL
Teacher or Counselor's Name M. VAN WICK Position BAND DIRECTOR Phone Number 337-886-7763

Teacher's Email Address mavanwick@lpsjonline.com Fax Number 337-521-7631

Student who will receive funding SHAMAR CHASSION Parent/Guardian's Name Joseph Bell Parent's phone number 296-1936

Student's Grade 5 Student's Teacher M. Van Wick Principal Williams-Duano

School Address 2845 RIDGE ROAD City Duson, LA State 70529 Zip _____

Parent's Contribution (25% of total cost) \$ 250
(All Instruments will come with care kit & accessories)

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 SCHOOL LOANED INSTRUMENT, PLEASE

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

Parent / Legal Guardian's Signature X [Signature] Student's Signature X Shamar Chassion

*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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