

Date of Application: 9/1/15

Shining 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

M. VAN WICK
Teacher or Counselor's Name

BAND DIRECTOR
Position

\$ 6500
Funding Request (75% of total cost)

337-886-7763
Phone Number

mavanwick@ipsonline.com
Teacher's Email Address

337-521-7631
Fax Number

Adolfo Solis
Student who will receive funding

Esveida Garcia
Parent/Guardian's Name

337-924-8431
Parent's phone number

5
Student's Grade

M. Van Wick
Student's Teacher

Williams-Duran
Principal

2845 RIDGE ROAD
School Address

Duson, LA
City

70529
State

Zip

Mouthpiece, Book, Access
Instrument Package
(All Instruments will come with care kit & accessories)

\$ _____
Price

\$ 250
Parent's Contribution
(25% of total cost)

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 ☐

M. Van Wick
Teacher or Counselor's Signature

Williams-Duran
Principal's Signature

Esveida Garcia
Parent / Legal Guardian's Signature

Adolfo Solis
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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