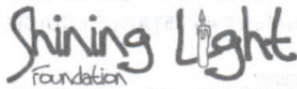


Date of Application: 8/24



"To provide opportunities so that every child's light will shine"
P.O. Box 60602, Lafayette, LA 70596

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

MUSICAL INSTRUMENT SCHOLARSHIP APPLICATION 2016-2017

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 521-7951 or mailed with a postmark by the 1st of the month prior to the scheduled activity. (See attached guidelines.) All scholarship checks will be made payable to the school and sent by the 15th of each month. **One child per application, please.** Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Prairie Elementary

Address: 2910 Ambassador Caffery Pkwy
 (Street) (City) (State) (Zip Code)

Phone Number: 337 521 7796 Fax Number: 521-7791

Teacher/Counselor: Cynthia N. Blum Email: chblum@lpssonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Ahmed Elgamel Grade: 5th

Parent/Guardian: Heba Elsayegh Parent Phone Number: 337 366 (27)
 (Name)

Does this student qualify for free lunch? Yes No Reason for assistance? single working mother with no assistance from father (who stole her money!)

MUSICAL INSTRUMENT INFORMATION

Type of Instrument Package: Saxophone Package total cost \$ \$355

Parent contribution (25% of cost) \$ 88.75 Funding request (75% of cost) \$ 266.25

Note: All instruments come with care kit and accessories.

Additional music funding request: Music Book \$ Reed \$ He need Book + Reed

Other (explain) _____ \$ _____

[Signature]
Teacher / Counselor's Signature

[Signature]
Principal's Signature

[Signature]
Parent / Legal Guardian's Signature

Ahmed
Student's Signature

All information and signatures must be provided for consideration of scholarship.

Revision: July 2016

984-8653