

Date of Application:

8/31/2016

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

P.O. Box 60602, Lafayette, LA 70596

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: Evangeline Elementary
 Address: 610 E. Butler Switch Lafayette LA 70507
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7670 Fax Number: (337) 521-7671
 Teacher/Counselor: Leola Woods Teacher Email: lywoods@lpssonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Richayla Leary Grade: 5
 Parent/Guardian: Sharice L Adams Parent Phone Number: 337-852-6623
 (Name)
 Does this student qualify for free lunch? Yes No Reason for assistance? The family cannot afford the full cost of the instrument.

MUSICAL INSTRUMENT INFORMATION

Type of Instrument Package: Clarinet Package total cost \$ 62.50
 Parent contribution (25% of cost) \$ 62.50 Funding request (75% of cost) \$ 187.50
Note: All instruments come with care kit and accessories.
 Additional music funding request: Music Book \$ 0 Reed \$ 0
 Other (explain) _____ \$ 0

Teacher / Counselor's Signature

Parent / Legal Guardian's Signature

Principal's Signature

Student's Signature

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

Revision: July 2016