

on: 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 the month prior to the scheduled activity. (See attached guidelines.) All scholarship checks will be made payable to the school id 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: Amarj Anderson Grade: 5

Parent/Guardian: Amanda Smith Parent Phone Number: 337-257-7949
(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 \$ 62⁵⁰

Parent contribution (25% of cost) \$ 62⁵⁰ Funding request (75% of cost) \$ 187⁵⁰

Note: All instruments come with care kit and accessories.

Additional music funding request: Music Book \$ 0 Reed \$ 0

Other (explain) _____ \$ 0

Leola Woods
Teacher / Counselor's Signature

Amanda Smith
Parent / Legal Guardian's Signature

Felise Williams
Principal's Signature

Amarj Anderson
Student's Signature

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

Revision: July 2016