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Date of Application: _____



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: DUNSON ELEMENTARY

Address: 301 FOURTH ST. DUNSON LA 70529
 (Street) (City) (State) (Zip Code)

Principal/Counselor: M. VAN WICK DAND DIRECTOR 337-521-7951 Email: mvanwick@lpsdunson.net
 (Name) (Title)

STUDENT INFORMATION

Student Name: EZEKIEL HYPOLITE Grade: 5

Parent/Guardian: LAKESHIA ARCECAUER Parent Phone Number: 337 541-3266
 (Name)

Does this student qualify for free lunch? Yes No Reason for assistance? financial need

MUSICAL INSTRUMENT INFORMATION

Type of Instrument Package: CLARINET Package total cost \$ 250.00

Parent contribution (25% of cost) \$ 62.00 Funding request (75% of cost) \$ _____

Note: All instruments come with care kit and accessories.

Additional music funding request: Music Book \$ 10.00 Reed \$ _____ Box of 10 _____

Other (explain) _____ \$ _____

[Signature]
 Teacher/Counselor's Signature

[Signature]
 Parent/Legal Guardian's Signature

[Signature]
 Principal's Signature

[Signature] EZEKIEL HYPOLITE
 Student's Signature

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