

Date of Application: 8-22-17

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

MUSICAL INSTRUMENT SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 446-2880 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: LJ Alleman
 Address: 600 Rosekum Blvd. Laf. 70503
 (Street) (City) (State) (Zip Code)
 Phone Number: 521-7411 Ext: 19855 Fax Number: _____
 Teacher/Counselor: Jean Green Band Director Email: jhgreen@lpssonline.com
 (Name) (Title)

STUDENT INFORMATION

Student Name: Martraylin Stevens Grade: 6
 Parent/Guardian: Denise Stevens Parent Phone Number: 337-356-7741
 (Name)
 Does this student qualify for free lunch? Yes No Reason for assistance? Financial Hardship

MUSICAL INSTRUMENT INFORMATION

Type of Instrument Package: B^b Clarinet Package total cost \$ _____
 Parent contribution (25% of cost) \$ _____ Funding request (75% of cost) \$ _____
 Note: All instruments come with care kit and accessories.
 Additional music funding request: Music Book \$ 9.00 Reed \$ 10 per year
 Other (explain) _____

Jean Green
 Teacher/Counselor's Signature
Denise Stevens
 Parent / Legal Guardian's Signature

John Broussard
 Principal's Signature
Martraylin Stevens
 Student's Signature

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

Revised: July 2017