

Date of Application: 9/14/17

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

ATTN:
JOHN BROUSSARDShining Light
Foundation

P.O. Box 60602, Lafayette, LA 70596

SPECIAL PROJECT SCHOLARSHIP APPLICATION 2017-2018

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 466-2880 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. Questions? Contact John Broussard at (337) 299-1588.

SCHOOL INFORMATION

Name of School: RIDGE ELEMENTARY
 Address: 2901 S. FIELDSIDE RD. DUNON LA 70525
 (Street) (City) (State) (Zip Code)
 Phone Number: 337-521-7800 Fax Number: 337-251-7801
 Teacher/Counselor: Buddy Van Wick Band Director Email: mavonwick@pluenline.com
 (Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: XAVIER LAGUNA Grade(s): 5 Number of Students: 1
 Parent/Guardian: Karla Oliver Parent Phone Number: (337) 706-5613
 (If applicable) (If applicable)
 Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? 1

SPECIAL PROJECT INFORMATION

Type of Project / Need: SAXOPHONE RENTAL Total amount requested: _____
 Is there any other funding source for this project? Yes No If YES, please indicate the amount: \$ 98.75
 Please explain project and reason for funding need: Financial Need PARENT CONTRIBUTION
Please HELP XAVIER'S FAMILY RENT A SAXOPHONE
 Date of Project: Now

Buddy Van Wick
 Teacher / Counselor's Signature

Karla Oliver
 Parent / Legal Guardian's Signature
 (If applicable)

[Signature]
 Principal's Signature

Xavier Laguna
 Student's Signature
 (If applicable)

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

Revision: July 2017