Date of Application: _____

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation

P.O. Box 60602, Lafayette, LA 70596

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: RIDGE ELEM.

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone Number: _____ Fax Number: _____

Teacher/Counselor: M VAN WICK (Name) _____ (Title) Email: mavanwick@lpssonline.com

STUDENT INFORMATION

Student Name: RONALD EVANS Grade: 5

Parent/Guardian: Lituate Evans (Name) Parent Phone Number: 337-412-5088

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? Financial Hardship

MUSICAL INSTRUMENT INFORMATION

Type of Instrument Package: SAXOPHONE Package total cost $ _____

Parent contribution (25% of cost) $ 88.75 Funding request (75% of cost) $ _____

Note: All instruments come with care kit and accessories.

Additional music funding request: Music Book $ _____ Reed $ _____

Other (explain) Accent on Achievement - Book I

M Van Wick
Teacher / Counselor's Signature

Principal's Signature

Lituate Evans
Parent / Legal Guardian's Signature

Ronald Evans
Student's Signature

All information and signatures must be provided for consideration of scholarship. Revisions: July 2017