

Date of Application: _____



P.O. Box 60602, Lafayette, LA 70596

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____

SPECIAL PROJECT SCHOLARSHIP APPLICATION**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. Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Milton Elementary

Address: 222 W Milton Ave. Milton LA 70555
(Street) (City) (State) (Zip Code)

Phone Number: (337) 856-5826 Fax Number: _____

Teacher/Counselor: Dawn Stelly / Counselor Email: dstelly@lpssonline.com
(Name) (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Ember Duhon Grade(s): K Number of Students: 1

Parent/Guardian: Gail Smith-Duhon Parent Phone Number: (337) 380-4436
(if applicable) (if applicable)

Do student(s) qualify for free lunch? Yes No If YES, approximately how many students? _____

SPECIAL PROJECT INFORMATION

Type of Project / Need: class fees Total amount requested \$ 25.00

Is there any other funding source for this project? Yes No If YES, please indicate the amount: \$ _____

Please explain project and reason for funding need: Parent has requested help with beginning of the year class fees.

Date of Project: Sept. due: end of

Dawn Stelly
Teacher / Counselor's Signature

Amanda [Signature]
Principal's Signature

Parent / Legal Guardian's Signature
(if applicable)

Student's Signature
(if applicable)