

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. 70558
(Street) (City) (State) (Zip Code)

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

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

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Kyzin Broussard Grade(s): 5 Number of Students: 1

Parent/Guardian: Gail ~~Duch~~ 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 \$ 30.00

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 to pay for beginning of the year class fees.

Date of Project: Sept. due: end of

Dawn Stelly Teacher / Counselor's Signature Amanda Stelly Principal's Signature

Parent / Legal Guardian's Signature (If applicable) _____ Student's Signature (If applicable) _____