

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 1<sup>st</sup> 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 15<sup>th</sup> 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: (337)  
 Teacher/Counselor: Dawn Stelly Counselor Email: dstelly@lpssonline.com  
(Name) (Title)

## STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Hazeley Smith Grade(s): 3 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 to pay for the class fees for the beginning of the year.  
 Date of Project: due: end of September

Teacher / Counselor's Signature

Principal's Signature

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