

Date of Application: \_\_\_\_\_

Shining Light Use Only:

Granted: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

# Shining Light

Foundation  
The National Association of Public Employees Light Foundation

P.O. Box 60602, Lafayette, LA 70596

**SPECIAL PROJECT SCHOLARSHIP APPLICATION****PLEASE PRINT**

**APPLICATION INFORMATION:** Applications must be faxed to John Broussard at (337) 446-7880 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: 722 W. Milton Ave. Milton LA 70558  
(Street) (City) (State) (Zip Code)  
 Phone Number: (337) 521-7740 Fax Number: (337) 521-7741  
 Teacher/Counselor: Dawn Stelly/Counselor Email: dmstelly@lpssentinel.com  
(Name) (Title)  
Rachael Landry/Teacher

**STUDENT / SPECIAL PROJECT INFORMATION**

Student / Project Name: Abigail Souer Grade(s): 2<sup>nd</sup> Number of Students: 1  
 Parent/Guardian: Robert & Antonia Souer Parent Phone Number: (337) 496-5940  
(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: Class Fees Total amount requested \$ 25  
 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 cannot afford to pay the fees. Mom had to buy school supplies for 3 kids. The 3<sup>rd</sup> child does not have to pay class fees because she is PreK.  
 Date of Project: \_\_\_\_\_

Teacher / Counselor's Signature

Dawn Stelly

Principal's Signature

[Signature]Parent / Legal Guardian's Signature  
(if applicable)Student's Signature  
(if applicable)