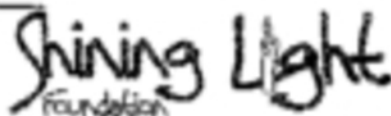


Date of Application: _____



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) 466-2880 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 LA
 Address: 222 W. Milton Avenue, Milton LA, 70558
 (Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7740 Fax Number: (337) 521-7741
 Teacher/Counselor: Dawn Stelly / Counselor Email: dinstelly@lpsonline.com
 (Name) (Title)
Alison Reynolds / Teacher

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Matthew Sauer Grade(s): K Number of Students: 1
 Parent/Guardian: Robert + Antonia Sauer Parent Phone Number: (337) 496-5946
 (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 \$ 25.00
 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 cannot afford to pay the fees. Mom had to buy school supplies for 3 kids. The 3rd child does not have to pay class fees because she is PreK.
 Date of Project: _____

Teacher / Counselor's Signature: Dawn Stelly Principal's Signature: _____
 Parent / Legal Guardian's Signature: _____ Student's Signature: _____
 (if applicable) (if applicable)