

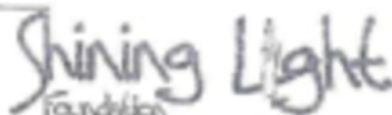
Date of Application: _____

Shining Light Use Only:

Granted: _____

Amount: _____

Check Number: _____



P.O. Box 60602, Lafayette, LA 70596

SPECIAL PROJECT SCHOLARSHIP APPLICATION

PLEASE PRINT

APPLICATION INFORMATION: Applications must be faxed to John Broussard at (337) 446-2680 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 Avenue Milton LA 70559
(Street) (City) (State) (Zip Code)
 Phone Number: (337) 521-7740 Fax Number: (337) 521-7741
 Teacher/Counselor: Niece Vincent / Dawn Stelly Email: dnstelly@lpssonline.com
(Name) Teacher (Title) Counselor

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Sapphire Pierre Grade(s): K Number of Students: 1
 Parent/Guardian: Crystal Bridgewater Parent Phone Number: (985) 791-4721
(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 is struggling financially and needs help paying for the class fees for her two daughters.
 Date of Project: asap

Dawn Stelly
 Teacher / Counselor's Signature

Sapphire Pierre
 Principal's Signature

Parent / Legal Guardian's Signature
 (if applicable)

Student's Signature
 (if applicable)