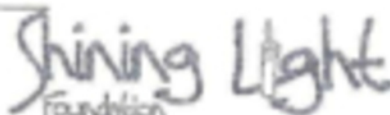


Date of Application: _____



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 Avenue	Milton LA	70559	
	(Street)	(City)	(State)	(Zip Code)
Phone Number:	(337) 521-7740	Fax Number:	(337) 521-7741	
Teacher/Counselor:	Frankie Sherrill / Dawn Stelly	Email:	dmstelly@lpssonline.com	
	(Name)	(Title)		
	teacher	counselor		

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name:	Emerald Pierre	Grade(s):	X	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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: ascp

Teacher / Counselor's Signature

Principal's Signature

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