

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



P.O. Box 60602, Lafayette, LA 70506

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: 722 W. Milton Ave. Milton LA 70558  
(Street) (City) (State) (Zip Code)  
Phone Number: 337 521-7746 Fax Number: 337 521-7741  
Teacher/Counselor: Dawn Stelly School Counselor  
(Name) (Title)

**STUDENT / SPECIAL PROJECT INFORMATION**

Student / Project Name: Aiden McGee Grade(s): 1 Number of Students: 1  
Parent/Guardian: Brittany McGee Parent Phone Number: (337) 967-5548  
(If applicable) (If applicable)  
Do student(s) qualify for free lunch? xYes  
If YES, approximately how many students? all

**SPECIAL PROJECT INFORMATION**

Type of Project / Need: Class Fees for beginning of the school year Total amount requested \$25.00  
Is there any other funding source for this project? xNo  
If YES, please indicate the amount: \$ \_\_\_\_\_  
Please explain project and reason for funding need: Students are required to pay a class fee at the beginning of each school year to cover supplies needed in the classroom other than regular school supplies.  
Date of Project: \_\_\_\_\_ Can be paid Must be paid by October \_\_\_\_\_

Teacher / Counselor's Signature

Principal's Signature

Parent / Legal Guardian's Signature  
(If applicable)

Student's Signature  
(If applicable)

All information and signatures must be provided for consideration of scholarship.  
Ends on July 2017