Date of Application: 7/26/2024

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/MIDDLE - MAILING (P.O. BOX 239)

Address: 222 W. Milton (Street) Milton (City) LA (State) 70558 (Zip Code)

Phone Number: 337-521-7740 Fax Number: _____

Teacher/Counselor: Ali Cantrell (Name) counselor (Title)

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Aaron McNeely (#91) Grade(s): 7th/3rd Number of Students: 2

Parent/Guardian: Katherine McNeely (#51) (If applicable) Parent Phone Number: Angie McNeely 337-278-7280 (If applicable)

Do student(s) qualify for free lunch? x Yes

If YES, approximately how many students? 2

SPECIAL PROJECT INFORMATION

Type of Project / Need: Class Fees for beginning of the school year ✓ Total amount requested $142

Is there any other funding source for this project? x No

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.

Electronic Fee/Band Fee (not instrument), Library, Handbook of Project:Can be paid Must be paid by October

Ali Cantrell
Teacher / Counselor's Signature

ANGIE MC NEELY (per phone)
Parent / Legal Guardian's Signature
(If applicable)

Principal's Signature

Amanda [illegible]
Student's Signature
(If applicable)

All information and signatures must be provided for consideration of scholarship.

Revision: July 2017