

Date of Application: _____



P.O. Box 60602, Lafayette, LA 70598

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 Ave. Milton, LA 70558
(Street) (City) (State) (Zip Code)

Phone Number: (337) 521-7740 Fax Number: (337) 521-7741

Teacher/Counselor: Angel Rodrigue / teacher Dawn Stelly
(Name) (Title) counselor

STUDENT / SPECIAL PROJECT INFORMATION

Student / Project Name: Kailyn Chaisson Grade(s): 4 Number of Students: 1

Parent/Guardian: John Chaisson Parent Phone Number: (337) 739-2236
(if applicable) (if applicable)

Do student(s) qualify for free lunch? Yes

If YES, approximately how many students? _____

SPECIAL PROJECT INFORMATION

Type of Project / Need: Class Fees for beginning of the school year Total amount requested \$46.00

Is there any other funding source for this project? 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.

Date of Project: Can be paid Must be paid at any time

Dawn Stelly
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.
Revised July 2012