Date of Application: 10/17/24

Shining Light Use Only:
Granted: _____
Amount: _____
Check Number: _____

Shining Light Foundation
"To provide opportunities so that every child's light will shine"
P.O. Box 60602, Lafayette, LA 70596

EXTRA CURRICULAR ASSISTANCE SCHOLARSHIP APPLICATION 2017-2018

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. **One child per application, please.** Questions? Contact John Broussard at (337) 298-1588.

SCHOOL INFORMATION

Name of School: Milton Elementary Middle

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

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

Teacher/Counselor: Sarah Martin (Name) _____ (Title) Email: Sdmartin@lpssonline.com

STUDENT INFORMATION

Student Name: Brooklyn Sonnier Grade: 4th

Parent/Guardian: Danielle Sonnier (Name) Total Fund Requested: $ 46

Parent Phone Number: 337-349-4434 Parent's Contribution: $ _____

Does this student qualify for free lunch? Yes ☑ No ☐ Reason for assistance? _____

ACTIVITY INFORMATION

Name of Activity: Class fees Date of Activity: _____

Is this activity: Academic, ☐ Cultural, ☐ Personal Enrichment, ☐ or Other (Explain): _____

Please itemize all trip expenses: 1. _____ $ _____ 2. _____ $ _____

3. _____ $ _____ 4. _____ $ _____

Sarah Martin
Teacher / Counselor's Signature

Jessica Gudry
Principal's Signature

_____
Parent / Legal Guardian's Signature

_____
Student's Signature

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

Revision: July 2017