

LEADERSHIP

BREVARD

CONFIDENTIAL FINANCIAL ASSISTANCE REQUEST FORM

LEAD Brevard has limited funds available for financial assistance to participate in Leadership Brevard. Any financial award is based on your statement of need, the amount of funds available and must be requested at the time of the application. Every request will receive confidential, thorough, and fair assessment; every effort to be supportive will be made. LEAD Brevard offers **only partial** (2014 financial assistance awards averaged \$750) financial assistance and only to those individuals who **clearly** cannot otherwise afford the \$2,625 tuition. Entrepreneurs, small businesses (less than 5 employees), public sector and nonprofit organizations are priorities for financial assistance to attend Leadership Brevard.

To ensure that we make equitable and informed decisions about financial assistance, please complete the attached form and return to our office by July 1, 2014 using one of the following methods:

1. **SCAN and EMAIL:** Kristin Bakke at kristin@leadbrevard.org
2. **FAX:** 321-632-0207
3. **MAIL:** LEAD Brevard, 123 Barton Blvd. Suite 101, Rockledge, FL 32955
Attn: Kristin Bakke.

You will be contacted in August informing you of any financial assistance.

Our financial assistance funds are limited, so it is important to us to make sure that they are wisely allocated. As a result, we ask a number of questions during the application process.

A community leadership task force of LEAD Brevard members reviews any financial assistance requests and determines how much LEAD Brevard can assist, if at all. Financial assistance is typically provided to those leaders who represent nonprofit organizations, small businesses, or entrepreneurial efforts.

Confidential Form
Leadership Brevard Financial Assistance Request Form

The information you provide below will help to accurately assess your financial need and to consider an allocation based on both need and available resources. To be considered for financial assistance, please answer all questions.

All information you provide remains confidential. As a part of this application for financial assistance, you must include the dollar amount your employer (as applicable) is prepared to invest in your leadership development; please reference question 2).

Name:

Title/Organization:

Primary Phone: _____ **Email:** _____

1. Family income

- \$25,000 or under \$40,001-\$55,000 \$70,001-\$85,000
 \$25,001-\$40,000 \$55,001-\$70,000 \$85,001 and over

2. Employer support

What is the dollar amount of support from your employer for your Leadership Brevard tuition?

Amount of Employer Support \$ _____

3. Other support

Will you be able to seek partial tuition from other companies/organizations and civic leaders in the local area.

Yes No Amount of Other Support \$ _____

4. Amount of Assistance Sought (this question MUST be answered)

Class of 2015 Tuition = \$2,625

Requested Financial assistance (up to a maximum \$750.00) \$ _____

Employer contribution \$ _____

Other Support \$ _____

How much will you personally contribute? \$ _____

5. Family

Number of dependents and ages: _____

6. Are you employed by a non-profit organization? [] Yes [] No

7. If your answer to # 6 is "yes," then please select one of the following:

- [] Small (budget less than \$250,000)
- [] Medium (budget between \$250,000-\$600,000)
- [] Large (budget of more than \$600,000)

8. If financial assistance is not available, will you be able to participate in Leadership Brevard?

[] Yes [] No

9. An extended payment-plan schedule may be available:

- a. *September 1, 2014 (25%)*
- b. *November 15, 2014 (25%)*
- c. *January 15, 2015: (25%)*
- d. *March 15, 2015: (25%)*

Will you be requesting this option?

[] Yes [] No

10. Describe any special circumstances that should be considered in your request for financial assistance (use one additional sheet of paper if necessary).

Signature: _____ **Date:** _____