

# LEADERSHIP

---

# BREVARD

## CONFIDENTIAL FINANCIAL ASSISTANCE REQUEST FORM

Thanks to our donors and alumni sponsors, LEAD Brevard has limited funds available for supporting financial assistance requests for participation in Leadership Brevard. Any financial award is based on a statement of need, funds available and must be requested at the time of the application. Every request will receive confidential, thorough, and fair assessment. LEAD Brevard offers **only partial** (2019 financial assistance awards ranged from \$500 to \$750) financial assistance and only to those individuals who **clearly** cannot otherwise afford the \$3,050.00 tuition. Entrepreneurs, small businesses (less than 5 employees), public sector and nonprofit organizations are priorities for financial assistance.

**To ensure that we make equitable and informed decisions about financial assistance, please complete the attached form and return to our office by Friday, April 19, 2019 using one of the following methods:**

1. **SCAN and EMAIL:** Kristen Klein at [KristenK@LEADBrevard.org](mailto:KristenK@LEADBrevard.org)
2. **FAX:** 321-632-0207
3. **MAIL:** LEAD Brevard, 123 Barton Blvd. Suite 101, Rockledge, FL 32955  
Attn: Kristen Klein

You will be contacted informing you of any financial assistance.

LEAD Brevard's 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 2020 Tuition = \$3,050.00**

**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; with a credit card on file, charged monthly with an agreed upon amount - 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: \_\_\_\_\_