

Innovation School of Excellence

ONE GREAT SCHOOL IN THREE GREAT LOCATIONS!



**CAROLYN V. BROWN
TUITION ASSISTANCE PROGRAM
2009-2010**

APPLICANT NAME: _____

CORPORATE OFFICE
329 AUSLEY ROAD ❖ TALLAHASSEE, FL 32304
OFFICE (850)575-5580 ❖ FAX (850)575-0833
www.innovationschoolofexcellence.org

In the Pursuit of Excellence



Innovation School of Excellence

A Ministry of Innovation Baptist Church



Child Development Center
Infants – 2-Year-Olds



Christian Academy of Excellence
K3-8th Grade



Young Hope After School Program
Ages 3-16

CORPORATE OFFICE: 329 Ausley Road ❖ Tallahassee, FL 32304 ❖ Ph: 850-575-5580 ❖ Fax: 850-575-0833

PURPOSE:

To provide tuition assistance to parents who demonstrate a need for the program.

BIBLIOGRAPHY OF CAROLYN V. BROWN

Carolyn Virginia Brown became an active member of Innovation Baptist Church from its conception fifteen years ago. Among her many endeavors, she is currently retired from Florida State University where she served in many capacities. Ms. Brown has also served as Director for the Board of Directors for Innovation School of Excellence, Inc. She currently assists in our Social Services Department and other areas. She has personally witnessed the glory of God being manifested within this awesome ministry by observing its growth from nine children to over 400. Her belief in this ministry's potential is evident in her never-ending commitment to never let go of the plow. She possesses the fundamental concept that a child's education should involve Christian values and belief systems. It is because of her commitment that we proudly dedicate this assistance program to such a worthy individual.

ELIGIBILITY:

The following will be the primary criteria for selecting recipients to receive the C.V. Brown Tuition Assistance Program:

1. Candidate must demonstrate financial need based on family income and size for those families who cannot afford to pay for non-public education or who may not qualify for subsidized childcare assistance if there is a freeze on subsidized funding.
2. If parent(s) or guardian(s) has an existing account with ISE, he/she must be in good financial standing with the school. This is exhibited by having a good payment history on a monthly basis. A good payment history is defined as a 75% rate of paying full tuition by the 15th of each month.

GENERAL INFORMATION:

1. This program cannot be used in conjunction with any other scholarship, grant, or tuition reduction payment plan for full-time students. K5-8th Grade CHILDREN'S FIRST, VPK and McKay Scholarship recipients are eligible to apply for this assistance program for after-school services only. Early Learning Coalition recipients need not apply.
2. The program's assistance shall not exceed more than 25% of each child's regular tuition.
3. All recipients of this assistance program will be responsible for entering into a covenant agreement with ISE that specifically identifies the parent's responsibility in adhering to the terms of the program. One of those terms includes volunteering in school activities. Parent's signature on the agreement will be considered as his/her consent to performing such responsibilities and indicated as the finalization of entering into the assistance program for the year.
4. The assistance is generally effective August 1, 2009 – July 31, 2010. However, for those who apply after March 31, 2009, the date of award is effective as of the date of the final decision made by the committee until July 31, 2010.



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CAROLYN V. BROWN TUITION ASSISTANCE APPLICATION

INSTRUCTIONS:

List all sources of income available to you and any other persons who will be assisting with paying the tuition. If you are married, filing separately or jointly, please submit income sources for you and your spouse. **YOU MUST PROVIDE VERIFICATION FOR EACH INCOME SOURCE LISTED.** Verification may include, but is not limited to the following: a most recent pay stub, a written statement from your employer indicating your hours and rate of pay or salary amount. This statement must also certify active employment. A statement from your ex-spouse or a court award letter can be used to verify child support. If you are a student, verification of financial aid must be submitted through an award letter or official letter on school letterhead.

EMPLOYMENT INFORMATION:

Employer #1:		Earnings from Job #1:	\$ _____ per _____
Position/Title:		Hours per Week:	_____
Employer #2:		Earnings from Job #2:	\$ _____ per _____
Position/Title:		Hours per Week:	_____

STUDENT INFORMATION SECTION:

University:	_____	Enrollment Status:	_____
List the NET amount of funds you are expected to receive after tuition/fees are deducted from your financial resources. <i>Attach a copy of your official award letter.</i>			\$ _____

OTHER INCOME SOURCES:

Child Support / Alimony:	\$ _____ per _____	TANF (Food Stamps/SSI):	\$ _____ per _____
Other Income Source Not Listed:	\$ _____		

CALCULATION OF TOTAL INCOME:

Please add all the income amounts provided in the above sections. Our total monthly income is \$_____.

EXPENSES:

If you live with a roommate and split the rent, please list the portion that you pay. If you receive Section 8 housing, please provide a letter of support. A copy of your lease/contract must be provided to verify rent/mortgage amount.

Rent: \$_____ 2. Mortgage: \$_____ 3. Section 8: \$_____

DISCLOSURE OF APPLICANT:

I attest that all information provided is true and accurate. I understand that Innovation School of Excellence, Inc. (ISE) will not honor this scholarship application if any information is found fraudulent. In the event of a fraudulent case, enrollment processes of a new student will be terminated and the child will not be allowed to attend ISE. If the student is actively enrolled at ISE, the parent(s)/guardian(s) will be responsible for the net amount compensated by the assistance up to the date that the data is found fraudulent and the possibility of expulsion will be explored.

Signature of Applicant: _____ Date: _____

ADMINISTRATION'S DECLARATION OF ASSISTANCE STIPULATIONS

This assistance is hereby approved in the amount of \$_____ per month/week. I authorize special Monetary arrangements which include: _____.

This assistance is hereby denied by reason of _____.

Authorized Signature: _____ Date: _____