

QZAB APPLICATION

School District _____ District No. _____

Qualified Zone Academy _____

(Eligible School)

(Address)

Amount of QZAB Requested \$ _____

(\$250,000 Minimum - \$2,500,000 Maximum)

The named Qualified Zone Academy meets the following criteria (check one):

- Located in an Empowerment Zone
- Located in an Enterprise Community
- Has or expects to have at least 35% of students eligible for free or reduced lunch under the National School Lunch Act

By signature below, I certify and agree to the following:

- The students in the Qualified Zone Academy will be subject to the same academic standards and assessments as other students in the school district.
- A written Pledge Agreement will be established between the local school board and one or more businesses under which the business(es) pledge contributions having a present value of at least 10% of the anticipated gross proceeds of the QZABs. Upon notification of Preliminary Approval by the Department, a copy of the written agreement will be furnished to the Department within one hundred eighty (180) working days.
- The local school board will approve a Comprehensive Education Plan for the Qualified Zone Academy that is prepared in conjunction with the business partner that addresses: enhancing the academic curriculum, increasing the graduation and employment rates and better preparing students for the rigors of college and the workforce. Upon notification of Preliminary Approval by the Department, a copy of the comprehensive education plan will be furnished to the Department within one hundred eighty (180) working days.
- This QZAB Application has been approved by the local school board and is so noted in the official minutes of the board.

Superintendent: _____

(Printed)

(Signed)

(Date)

Completed applications should be mailed to:

Robert E. Campbell, Director
Office of Safe and Orderly Schools
Mississippi Department of Education
P. O. Box 771
Jackson, MS 39205-0771