



To: Dr. Larry Miller, Dean of School of Education  
From: Dr. Botts, Principal of FSWC - Lee  
Date: October 22, 2018  
Topic: Best and Brightest Submission

---

Please find below a summary list of this year's Best and Brightest recipients. While actual submission of data this year is electronic via an Excel spreadsheet (due before 10/31/2018), all relevant documents are available in hard copy at the school location. As authorized in statute F.S. 1012.731 the following categories of employees exist;

Renewing for the maximum award (up to \$6,000) from previous years:

- Kelly Buck
- Melanie Clinton
- Patricia Kirkpatrick
- John Holik

Qualified for the secondary award amount (up to \$1,800) by virtue of being evaluated highly effective:

- All of the above names
- Mark Farbotko
- Joshua Frye
- Dale Jamison
- Margaret Kemp
- Katie Reilly
- Christopher Tucker
- Mitchell Vitale

The FLDOE provides additional information at:

<https://info.fldoe.org/docushare/dsweb/Get/Document-8000/dps-2017-82.pdf>.

A handwritten signature in blue ink, appearing to read "B. Botts", written over a horizontal line.

Dr. Brian Botts, Principal

A handwritten signature in blue ink, appearing to read "L. Miller", written over a horizontal line.

Dr. Larry Miller, BOT Representative

A handwritten date "10/22/18" in blue ink, written over a horizontal line.

Date

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 100205978
- Charter Employee Name (please print): Clinton Melanie  
Last First
- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1) \_\_\_\_\_ \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - 2) \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - 3) 10 \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: [Signature]  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: [Signature]  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◊ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTT at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: \_\_\_\_\_

Employee, Printed Name: Melanie Clinton

Employee, Signature and Date: Melanie Clinton Date: 10/11/18

◊ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Bott

Principal (as Board Designee), Signature and Date: B Bott Date: 10/17/18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 687148445
- Charter Employee Name (please print): Kirkpatrick Patricia  
Last First
- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - PK \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: CPK  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, Dr. Brian Botts at his/her  
Print Principal's First and Last Name  
 LCSD email address: briantb@leeschools.net Date of submission: 10/11/18  
 Employee, Printed Name: Patricia Kirkpatrick  
 Employee, Signature and Date: Patricia Kirkpatrick Date: 10/11/18

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Botts  
 Principal (as Board Designee), Signature and Date: BB Date: 10-16-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 100202512
- Charter Employee Name (please print): Holik John  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - JH \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: JH  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here:      
If attached

\*\*\*\*\*

**ATTESTATIONS:**

By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: 10/10/18

Employee, Printed Name: John Holik

Employee, Signature and Date: John Holik Date: 10/10/18

The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Botts

Principal (as Board Designee), Signature and Date: Brian Botts Date: 10-10-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

APPLICATION, Part I

- Charter Employee LCSD DID#: 147616130
- Charter Employee Name (please print): BUCK KELLY  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - \_\_\_\_\_ \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - KB \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

APPLICATION, Part II

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: KB  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: KB  
If attached

\*\*\*\*\*

ATTESTATIONS:

By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: 10/11/18

Employee, Printed Name: KELLY BUCK

Employee, Signature and Date: Kelly Buck Date: 10/11/18

The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Botts

Principal (as Board Designee), Signature and Date: B. Botts Date: 10-11-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 100215294
- Charter Employee Name (please print): TUCKER CHRISTOPHER  
Last First
- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - CWT \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - \_\_\_\_\_ \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, BRIAN BOTTS at his/her  
Print Principal's First and Last Name  
 LCSD email address: BRIAN.TB@leeschools.net Date of submission: 10/8/2018  
 Employee, Printed Name: CHRISTOPHER TUCKER  
 Employee, Signature and Date: [Signature] Date: 10/8/2018

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application  
 Principal (as Board Designee), Printed Name: BRIAN BOTTS  
 Principal (as Board Designee), Signature and Date: [Signature] Date: 10-16-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 893449472
- Charter Employee Name (please print): Jamison Dale  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1 \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - \_\_\_\_\_ \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb @leeschools.net Date of submission: 10-12-18

Employee, Printed Name: Dale A. Jamison Jr

Employee, Signature and Date: [Signature] Date: 10-12-18

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Botts

Principal (as Board Designee), Signature and Date: [Signature] Date: 10/16/18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

• Charter Employee LCSD DID#: 717518807

• Charter Employee Name (please print): Frye Joshua  
Last First

• For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)

1) JF \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher  
(for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)

2) \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher  
with at least 80% national percentile score from SAT/ACT at time test was taken

3) \_\_\_\_\_ \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher  
with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

• Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached

• Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

⚡ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: 10/16/18

Employee, Printed Name: Joshua Frye

Employee, Signature and Date: [Signature] Date: 10/16/18

⚡ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: DR. BRIAN BOTTS

Principal (as Board Designee), Signature and Date: [Signature] Date: 10/16/18



Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 432696941
- Charter Employee Name (please print): Kemp Margaret  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1)  \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - 2)  \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - 3)  \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: 10-11-18

Employee, Printed Name: Margaret Kemp  
Employee, Signature and Date: Margaret Kemp Date: 10-11-18

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Bott

Principal (as Board Designee), Signature and Date: BB Date: 10-16-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 100200887
- Charter Employee Name (please print): Reilly Kathleen  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1)  \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - 2)  \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - 3)  \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name

LCSD email address: briantb@leeschools.net Date of submission: 10/11/18

Employee, Printed Name: Kathleen Reilly

Employee, Signature and Date: [Signature] Date: 10/11/18

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: BRIAN BOTTS

Principal (as Board Designee), Signature and Date: [Signature] Date: 10-16-18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSd email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSd DID#: 100200905
- Charter Employee Name (please print): Vitale Mitchell  
Last First

- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1) 1 \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - 2) \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - 3) \_\_\_\_\_ \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

◇ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTT at his/her  
Print Principal's First and Last Name

LCSd email address: briantb@leeschools.net Date of submission: 10/11

Employee, Printed Name: Mitchell F Vitale

Employee, Signature and Date: [Signature] Date: 10/11/18

◇ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSd District and the teacher Applicant to insure that the FDOE and LCSd Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Bott

Principal (as Board Designee), Signature and Date: [Signature] Date: 10/16/18

Page 2 of the Application is to be printed, completed and signed IN PEN by the teacher Applicant and submitted to the Principal with all supporting documentation. The principal (functioning as the Governing Board designee) will review and sign signifying Applicant approval by Governing Board.

Both the teacher and the school should retain copies on file.

Dr. Schroll will not make any reviews of Applications as that is the responsibility of the Principal and Governing Board.

Dr. Schroll will check your excel file sheet for completeness and accuracy.

Dr. Schroll will check that we have received the necessary documents to maintain a complete charter file as per FDOE B&B audit.

Each teacher's Application packet (including supporting documents) is to be emailed by the principal to Dr. Schroll via LCSD email. Do not send by pony or transmit by FAX part of any application/supporting documentation.

\*\*\*\*\*

**APPLICATION, Part I**

- Charter Employee LCSD DID#: 100209514
- Charter Employee Name (please print): FANBOTKO MARK  
Last First
- For which Scholarship are you applying? (Write your initials on the line for only 1 of the 3 listed)
  - 1) MF \$1,200 or Up to \$800 For 2017-18 Highly Effective/Effective Classroom Teacher (for teachers that do not meet the SAT/ACT test requirements for the \$6,000 scholarship)
  - 2) \_\_\_\_\_ \$6,000 For 2018-19 New (to teaching profession) Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken
  - 3) \_\_\_\_\_ \$6,000 + \$1,200 For 2017-18 Highly Effective Classroom Teacher with at least 80% national percentile score from SAT/ACT at time test was taken

**APPLICATION, Part II**

- Attach Official SAT or ACT Test Report -- Your name, year of test administration and score are clearly visible and readable initial here: \_\_\_\_\_  
If attached
- Record of Legal Name Change (if name differs from Test Report) initial here: \_\_\_\_\_  
If attached

\*\*\*\*\*

**ATTESTATIONS:**

⋄ By signing below, I attest that all information provided on my Application is accurate. Inaccurate information will render the application null and void.

I have submitted my application materials to my Principal, DR. BRIAN BOTTS at his/her  
Print Principal's First and Last Name  
LCSD email address: briantb@leeschools.net Date of submission: 10/16/18

Employee, Printed Name: MARK FANBOTKO  
Employee, Signature and Date: [Signature] Date: 10/16/18

⋄ The school Principal (as Governing Board designee) is asked to sign and date below.

I have worked collaboratively with the LCSD District and the teacher Applicant to insure that the FDOE and LCSD Guidelines were understood by the applicant, that an appropriate scholarship was selected by the teacher, and that the teacher has submitted all documentation needed in support of the Application.

My signature indicates my review of and the Governing Board approval of this Application

Principal (as Board Designee), Printed Name: Brian Botts  
Principal (as Board Designee), Signature and Date: [Signature] Date: 10-16-18



**Hand Addressed Recipient**  
DI Code: 0006

**Score Report**

Report Date: Aug. 11, 2016

Indicates student's latest test scores.

**SAT Summary of Scores**

		Date	May 07, 2016
		Grade	>12
SAT®			
	Total	1320	
Section	Evidence-Based Reading and Writing	640	
	Math	680	
Essay	Reading		
	Analysis		
	Writing		
Test Scores	Reading	34	
	Writing and Language	30	
	Math	34.0	
Cross Test	Analysis in History/Social Studies	33	
	Analysis in Science	33	
	Command of Evidence	10	
Subscores	Words in Context	13	
	Expression of Ideas	9	
	Standard English Conventions	13	
	Heart of Algebra	11	
	Problem Solving and Data Analysis	11	
	Passport to Advanced Math	14	

Score Range: Total: Your score ± 40 points. Section: Your score ± 30 points. Test Scores and Cross-Test Scores: Your score ± 2 points. Subscores: Your score ± 2 points.

**Old SAT**

Critical Reading			
Mathematics			
Writing			

Note: Concordance tables must be used when comparing scores between old and new versions of the SAT. See reverse for details.

**Kirkpatrick**  
Last Name  
**90200920**  
CB Student ID

Essay Locator ID: N/A

**Student Information**

1707 SW 43rd Ter

Cape Coral FL 33914-6219

Phone Number **12071**  
County **CA13**  
Geo Market Code  
Birth Date **Nov. 22, 1969**  
H.S. Graduation Date  
U.S. Citizen  
U.S. Citizen Status/Indicator  
School Name  
Email Address

**English only**  
First Language  
Race/Ethnicity  
Religion  
Secondary School Student ID

**SAT Subject Test Scores**

	Date	Grade	Subject Test
Language Subscores	Test Score		
	Reading		
	Listening		
Subject Test	Usage		
	Subject Test		
Subject Test			
Subject Test			
Subject Test			

Note: Scores from the SAT Subject Test in Mathematics are not comparable to Math test, and related subscores on the SAT. Not all SAT Subject Tests™ have subscores

# SAT Score Report

John C. Holik  
1364 Currier Cir  
Fort Myers, FL 33919 - 1926

Test Date: **Nov. 04, 2017**  
Registration Number: **0060348953**  
Sex: **MALE**  
Date of Birth: **Nov. 23, 1973**  
Test Center Number: **10219**  
CB Student ID: **104331021**  
High School Code: **330175**  
High School Name: **Amsterdam High School**

## Your Total Score

**1260** | 400–1600

87<sup>th</sup>Nationally Representative  
Sample Percentile83<sup>rd</sup>

SAT User Percentile

## Section Scores

**680** | 200–800  
Your Evidence-Based  
Reading and Writing  
Score

95<sup>th</sup> Nationally Representative  
Sample Percentile  
92<sup>nd</sup> SAT User Percentile



You've met  
the benchmark!

**580** | 200–800  
Your Math Score

76<sup>th</sup> Nationally Representative  
Sample Percentile  
70<sup>th</sup> SAT User Percentile



You've met  
the benchmark!

## Test Scores

**36** | 10–40  
Reading

**32** | 10–40  
Writing and Language

**29.0** | 10–40  
Math

## Cross-Test Scores | 10–40

**35**  
Analysis in History/Social Studies

**33**  
Analysis in Science

## Subscores | 1–15

**14**  
Command of  
Evidence

**12**  
Words in Context

**13**  
Expression of Ideas

**10**  
Standard English  
Conventions

**10**  
Heart of Algebra

**12**  
Problem Solving  
and Data Analysis

**9**  
Passport to  
Advanced Math

## Am I on Track for College?

Look for the green, yellow, or red symbols next to your section scores. They let you know if your scores are at or above the benchmark scores. Benchmarks show college readiness. If you see green, you're on track to be ready for college when you graduate.

If you score below the benchmark, you can use the feedback and tips in your report to get back on track.

## Benchmark scores:

Evidence-Based Reading and Writing: 480

Math: 530

## How Do My Scores Compare?

A percentile shows how you scored, compared to other students. It's a number between 1 and 99 and represents the percentage of students whose scores are equal to or below yours.

For example, if your Math percentile is 57, that means 57% of test takers have Math scores equal to or below yours.

The Nationally Representative Sample Percentile compares your score to the scores of typical U.S. students.

SAT<sup>®</sup> User Percentile compares your score to the scores of students who typically take the test.

## How Can I Improve?

To see which skills are your strongest and what you can do to boost your college readiness, go to your full report online and look for Skills Insight™.

## What Are Score Ranges?

Test scores are single snapshots in time—if you took the SAT once a week for a month, your scores would vary.

That's why score ranges are better representations of your true ability. They show how much your score can change with repeated testing, even if your skill level remains the same.

Colleges know this, and they get score ranges along with scores so they can consider scores in context.

Your online score report shows your score ranges.

## SAT Summary of Scores

Date	Nov. 04, 2017					
Grade	>12					
<b>SAT</b>						
Total	1260					
Evidence-Based Reading and Writing	680					
Math	580					
Essay	Reading					
	Analysis					
	Writing					
<b>Old SAT</b>						
Critical Reading						
Mathematics						
Writing						

## SAT Subject Test Scores

Date						
Grade						
<b>Subject Test</b>						
	Test Score					
Language Subscores	Reading					
	Listening					
	Usage					
<b>Subject Test</b>						
	Test Score					
<b>Subject Test</b>						
	Test Score					

\* Scores from the SAT Subject Test in Mathematics aren't comparable to Math section, test, and related subscores on the SAT.  
 \*Not all SAT Subject Tests™ have subscores.

### How Do I Send My Scores to Colleges?

This student score report is for your use only.

Most colleges require you to have the College Board send them official score reports. They don't accept copies of student score reports, online score reports, or score report labels on transcripts.

### Can I Choose Which Scores to Send?

With Score Choice™, you decide which scores you send to colleges. Choose by test date for the SAT and individual test for SAT Subject Tests™. Just make sure you follow each college's stated score-use policy.

### What's Next?

Go to [sat.org/scorereport](http://sat.org/scorereport) and choose your next steps:

- Send your scores to colleges.
- Find out which AP® courses you might do well in.
- Get tips on boosting your skills.
- Use your scores to personalize your SAT practice.
- Make a college plan.
- Follow your interests, and build a career road map.
- Register for SAT Subject Tests, or take the SAT again.



Score Report of:

Last Name: KING  
First Name: MELANIE

Sex: F DOB: 04/28/84

Social Security No. 591-50-5901

SAT I: Reasoning Test Scores

Test Date	Grd Level	Verbal	Math
MAY01	11	R 660	R 620
OCT00	11	R 600	R 520
DEC99	10	R 590	R 550

SAT II: Subject Test Scores

Test Date	Grd Level	Test 1	Subscores			Test 2	Test 3
			MC Listen	Write Read	Usage		

R = RECENTERED SCORE

Recipients

LA ND

SAT II Subject Test Codes

AH = American History/ Social Studies  
 BI = Biology  
 CH = Chemistry  
 CL = Chinese w/Listening  
 EB = Eco Biology  
 EP = English Lang Prof  
 FL = French w/Listening  
 FR = French  
 GL = German w/Listening  
 GM = German  
 IT = Italian  
 JL = Japanese w/Listening  
 KL = Korean w/Listening  
 LR = Literature  
 LI = Latin  
 MI = Math Level I  
 IC = Math Level IC  
 20 = Math Level IIc  
 MB = Mol Biology  
 MH = Modern Hebrew  
 PH = Physics  
 SL = Spanish w/Listening  
 SP = Spanish  
 UH = US History  
 WH = World History  
 WR = Writing

MELANIE F KING  
 200 LIME LANE 9 TH STREET  
 MARATHON FL 33050

SAT SUMMARY

SAT I: Reasoning Test

SAT II: Subject Tests

EIS USE ONLY

Test Date	Grd Level	Verbal	Math	Test 1	Write Subscores			Listening Subscores			Test 2	Test 3	Reg. No.	Irrg Code	A/S Batch No.	Essay Batch No.
					MC	Writing	Usage	Read	Listen	Usage						
MAY01	11	R 660	R 620										5458149		N13430011	
OCT00	11	R 600	R 520										0332129		N71670016	
DEC99	10	R 590	R 550										9509516		N39970038	

R = RECENTERED SCORE



STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATION OF MARRIAGE

STATE FILE NUMBER: 2008-064131

DATE ISSUED: JUNE 19, 2009

DATE OF MARRIAGE: JUNE 7, 2008

COUNTY ISSUING LICENSE: PALM BEACH

PLACE OF MARRIAGE: DELRAY BEACH, FLORIDA

GROOM:

NAME: PATRICK BERESFORD CLINTON

RESIDENCE: FLORIDA, UNITED STATES

DATE OF BIRTH: FEBRUARY 19, 1980

BIRTHPLACE: ILLINOIS, UNITED STATES

BRIDE:

NAME: MELANIE FRANCIS KING


MAIDEN SURNAME: KING

RESIDENCE: FLORIDA, UNITED STATES

DATE OF BIRTH: APRIL 28, 1984

BIRTHPLACE: FLORIDA, UNITED STATES

\*\*\*If asterisks appear, that data item was either not on the certificate for that year or not keyed into the database at that time.

 State Registrar

REQ: 2009548087

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMACHROMIC INK.

WARNING:

DH FORM 1946 (08-04)

DEPARTMENT OF HEALTH

25765794

CERTIFICATION OF VITAL RECORD



\* 2 5 7 6 5 7 9 4 \*

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

ACT SERVICE CENTER  
P.O. BOX 451  
IOWA CITY IA 52243-0451  
RETURN SERVICE REQUESTED

**Priority Letter**

2ENH 467-Y196471040 FL 09/11/15



0028020024017511147233908960236-1R1-Y196471040 467

KELLY BUCK  
16936 COLONY LAKES BLVD  
FORT MYERS FL 33908



TEMPORARY REPORT OF ACT SCORES

NAME: KELLY D SCHULTZ  
ADDRESS: 2841 CROWNPOINT RD  
STEVENSVILLE MI 49127

BIRTH DATE: 07/21/74

TEST DATE: 06/91  
TEST LOCATION: NATIONAL

ENGLISH	26
USAGE/MECH	14
RHET SKILLS	13
MATHEMATICS	25
PRE-ALG/ELEM ALG	13
ALG/COORD GEOM	11
PLANE GEOM/TRIG	15
READING	35
SOC STUDIES/SCI	17
ARTS/LIT	18
SCIENCE	31
COMPOSITE SCORE	29
COMBINED ENGLISH/WRITING	--
WRITING (SCALE 2-12)	--

COMPLETE RECORD FOR THIS TEST DATE WILL BE INCLUDED IN THE NEXT REPORTING CYCLE. THIS REPORT IS TEMPORARY ONLY.

SCHULTZ, KELLY D  
2841 CROWNPOINT RD  
STEVENSVILLE, MI 49127

FEMALE

ACT ID: 0721/1974  
DATE OF BIRTH: 06/1991  
PHONE NUMBER: \_\_\_\_\_

TEST LOCATION: IN A LOCAL  
DATE TESTED: 06/1991  
YEAR OF HS GRAD: \_\_\_\_\_



HS ATTENDED: LAKE SHORE HIGH SCHOOL 233-515

SCORES AND PREDICTIVE DATA	TESTS AND SUBSCORE AREAS	TEST SCORES (1-30)	SUBSCORES (1-10)	NORMS (PERCENT AT OR BELOW SCORE)	TESTS AND SUBSCORE AREAS	TEST SCORES (1-30)	SUBSCORES (1-10)	NORMS (PERCENT AT OR BELOW SCORE)
See ACT User Handbook for score precision interpretation information	English Usage/Mechanics Rhetorical Skills MATHEMATICS Phys/Algebra, Alg, Calc/Coord. Geom., Plane Geom/Trig.	26	14	82	READING Sci. Studies/Sol. Ass. Language	35	17	99
			13	83	SCIENCE	31	18	99
		25	79	78	COMPOSITE	29	92	92
			13	76				
			11	63				
			15	95				

OVERALL GPA CHANCES OF SUCCESS	SPECIFIC COURSE CHANCES OF SUCCESS
STUDENT GRADE	SPECIFIC COURSE
CHANCE 2B	CHANCE 2B
CHANCE 2C	CHANCE 2C
CHANCE 2D	CHANCE 2D
CHANCE 2E	CHANCE 2E

PREDICTIVE DATA UNAVAILABLE

ADMISSION/ENROLLMENT DATA	COLLEGE CODE	CHOICE	FULL-TIME	U.S. CITIZEN	RESIDENT OF ABOVE STATE	PHYSICAL LEARNING DISABILITY	HOUSING PLANS
	7001	S					

COLLEGE SELECTION ITEMS BY RANK ORDER

STUDENT TYPE	STUDENT BODY CODE	LOCATION	COST (MAX TUITION)	SIZE	FIELD OF STUDY	OTHER FACTOR

EDUCATIONAL AND VOCATIONAL PLANS

FIRST VOCATIONAL CHOICE: \_\_\_\_\_ HOW CERTAIN: \_\_\_\_\_  
 DEGREE OBJECTIVE: \_\_\_\_\_

COLLEGE EDUCATIONAL NEEDS AND INTERESTS

EDUCATIONAL OR VOCATIONAL PLANS	NEEDS HELP WITH:	INTEREST IN:
WRITING	HEADING	STUDY SKILLS
		MATHEMATICS
		FIRST-YEAR HONORS COURSES
		INDEPENDENT STUDY
		ROTC

PLANS TO SEEK FINANCIAL AID:

NEEDS HELP TO FIND WORK:

HOURS/WEEK: \_\_\_\_\_

INTEREST INVENTORY

SCIENCE AND MAP REGIONS: \_\_\_\_\_ (See back of report)

STANDARD SCORE (ACT-70): \_\_\_\_\_

BASIC INTEREST AREA: \_\_\_\_\_

SCIENCE/TECH: \_\_\_\_\_

ARTS: \_\_\_\_\_

SOCIAL SERVICE: \_\_\_\_\_

ADULT & SALES: \_\_\_\_\_

BUSINESS OPER: \_\_\_\_\_

TECHNICAL: \_\_\_\_\_

SELF-REPORTED HIGH SCHOOL INFORMATION	TYPE OF PROGRAM STUDIED
YEARS OF GRADUATION ON EQUIVALENT	TYPE OF SCHOOL
SIZE OF SENIOR CLASS	
AND AVERAGE	

SELF-REPORTED RANK	YEARS CERTAIN SUBJECTS STUDIED AND ADVANCED PLACEMENT IN HIGH SCHOOL
	ENGLISH
	MATHEMATICS
	SOCIAL STUDIES
	WORLD HISTORY
	SCIENCE
	SPANISH
	GERMAN
	FRENCH
	OTHER LANGUAGE

HS EXTRA-CURRICULAR ACTIVITIES AND COLLEGE EXTRA-CURRICULAR PLANS
SPORTS
CLUBS
WORK
TRAVEL
TELEVISION
READING
ARTS
COMMUNITY SERVICE
OTHER

STUDENT EMAIL
_____

BACKGROUND INFORMATION (OPTIONAL)

RACIAL/ETHNIC BACKGROUND: \_\_\_\_\_

RELIGIOUS PREFERENCE: \_\_\_\_\_

ENGLISH MOST FREQUENTLY SPOKEN IN HOME: \_\_\_\_\_

MOTHER TONGUE AND FLUENT LEVEL: \_\_\_\_\_

FATHER/GUARDIAN/BIED LEVEL: \_\_\_\_\_

SPECIAL MESSAGE: \_\_\_\_\_

U.S. GRADES FOR TWO OR MORE SUBJECT AREAS AND/OR ONE OR MORE TEST SCORES NOT REPORTED: NO PREDICTIVE INFORMATION POSSIBLE.

SELF-REPORTED HIGH SCHOOL COURSE/GRADE INFORMATION	GRADE	COURSE	GRADE	COURSE
ENGLISH	1	ENGLISH	1	ENGLISH
MATHEMATICS	1	MATHEMATICS	1	MATHEMATICS
NATURAL SCIENCES	1	NATURAL SCIENCES	1	NATURAL SCIENCES
ARTS	1	ARTS	1	ARTS
ADULT & SALES	1	ADULT & SALES	1	ADULT & SALES
BUSINESS OPER	1	BUSINESS OPER	1	BUSINESS OPER
TECHNICAL	1	TECHNICAL	1	TECHNICAL
SOCIAL SERVICE	1	SOCIAL SERVICE	1	SOCIAL SERVICE
SCIENCE/TECH	1	SCIENCE/TECH	1	SCIENCE/TECH

APPLICATION NO. 276895

MARRIAGE RECORD  
FLORIDA

GROOM	DATA	1. GROOM'S NAME (First, Middle, Last) DL EDWARD CHRISTOPHER BUCK			2. DATE OF BIRTH (Month, Day, Year) 3/27/71	
		3a. RESIDENCE - CITY, TOWN, OR LOCATION FORT MYERS	3b. COUNTY LEE	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NY	
BRIDE	DATA	5a. BRIDE'S NAME (First, Middle, Last) DL KELLY DAWN SCHULTZ			5b. MAIDEN SURNAME (if different)	
		7a. RESIDENCE - CITY, TOWN, OR LOCATION FORT MYERS	7b. COUNTY LEE	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) MI	
AFFIDAVIT OF BRIDE AND GROOM		WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.				
		9. GROOM'S SIGNATURE (Sign full name) <i>Edward Christopher Buck</i>			13. BRIDE'S SIGNATURE (Sign full name) <i>Kelly Dawn Schultz</i>	
		10. SUBSCRIBED AND SWORN TO BEFORE ME ON 10/22/98		11. TITLE OF ISSUING OFFICIAL DEPUTY CLERK	14. SUBSCRIBED AND SWORN TO BEFORE ME ON 10/22/98	15. TITLE OF ISSUING OFFICIAL DEPUTY CLERK
		12. SIGNATURE OF ISSUING OFFICIAL <i>Joanne Miller</i>			16. SIGNATURE OF ISSUING OFFICIAL <i>Joanne Miller</i>	
		LICENSE TO MARRY			CERTIFICATE OF MARRIAGE	
LICENSE TO MARRY	17. DATE LICENSE ISSUED 10/22/98		18. EXPIRATION DATE 12/21/98		21. HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON 11/14/98 AT Fort Myers FLORIDA	
	19a. SIGNATURE OF PERSON ISSUING LICENSE <i>Charlie Green</i>		19c. TITLE CLERK OF CIRCUIT COURT CHARLIE GREEN		22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Mark Alan Rosenberg</i>	
		20. COUNTY LEE		22b. NAME OF PERSON PERFORMING CEREMONY (TYPE AND PRINT) MARK ALAN ROSENBERG		
				22c. TITLE MY COMMISSION EXP. CC455719		
				22d. ADDRESS OF FLORIDA 3642 SE 5th OF CAPE CORAL FL A.P.H. 28-1999		
RECORDED	25. DATE RETURNED NOV 18 1998		26. RECORD BOOK PAGE 8373256		23. SIGNATURE OF WITNESS TO CEREMONY <i>Joanne Miller</i>	
	27. CLERK OF COURT <i>Joanne Miller DC</i>				24. SIGNATURE OF WITNESS TO CEREMONY <i>Walter St John</i>	
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.						
GROOM	28. RACE WHITE	29. NUMBER OF THIS MARRIAGE 1	IF PREVIOUSLY MARRIED SPECIFY 30-31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	31. DATE LAST MARRIAGE ENDED	
BRIDE	32. RACE WHITE	33. NUMBER OF THIS MARRIAGE 1	IF PREVIOUSLY MARRIED SPECIFY 34-35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	35. DATE LAST MARRIAGE ENDED	

DH 743, 10/96  
(Replaces HRS Form 743)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 276895

I, CHARLIE GREEN, CLERK OF THE CIRCUIT COURT IN AND FOR LEE COUNTY, STATE OF FLORIDA, DO HEREBY CERTIFY, THAT THE FOREGOING IS A TRUE AND CORRECT COPY AS FILED IN THIS OFFICE.

WITNESS MY HAND AND OFFICIAL SEAL THIS

DAY OF NOV 18 1998

*Joanne Miller* D.C.