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**PART A**

(Must be submitted EACH semester)

Return Application to:

**Special Education Traineeship Program**  
**245 Johns Hill Road**  
**Highland Heights, KY 41099**

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_  
 (Last) (First) (Middle Initial) (Required – Not a SS#)

HOME ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Home) (Cell) (Work)

Work E-Mail: \_\_\_\_\_ Other Email \_\_\_\_\_  
 (All Traineeship correspondence will be sent to work email.)

DISTRICT OF EMPLOYMENT: \_\_\_\_\_ SCHOOL ASSIGNMENT/Grade Level: \_\_\_\_\_  
 (Required)

CURRENT POSITION: (circle one) CD DOSE IECE HI LBD MSD VI

CERTIFICATION PROGRAM: \_\_\_\_\_

Have you previously received Traineeship Program funding? No\_\_ Yes\_\_ (If yes): Semester\_\_\_\_\_ Year\_\_\_\_\_

Attending a Kentucky College/ University: (check)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asbury University           | <input type="checkbox"/> Bellarmine University    | <input type="checkbox"/> Campbellsville University     |
| <input type="checkbox"/> Eastern Kentucky University | <input type="checkbox"/> Georgetown College       | <input type="checkbox"/> Kentucky State University     |
| <input type="checkbox"/> Morehead University         | <input type="checkbox"/> Murray State University  | <input type="checkbox"/> Northern Kentucky University  |
| <input type="checkbox"/> Spalding University         | <input type="checkbox"/> Union College            | <input type="checkbox"/> University of the Cumberlands |
| <input type="checkbox"/> University of Kentucky      | <input type="checkbox"/> University of Louisville | <input type="checkbox"/> Western Kentucky University   |

Requesting Funds for Academic Year \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

**COURSES REQUESTED FOR THIS SEMESTER: Courses MUST apply for SPECIAL ED/IECE certification. The tuition for these courses may not be covered by any other sources of financial aid. Foundation courses required for degree completion are not eligible for funding through this grant.**

Course Number	Credit Hours	Course Title	Start and End Dates	Is this an on-line course?

**My signature indicates that all of the information provided is accurate and that I am a U.S. citizen or permanent resident of the U.S. and that I am NOT a recipient of any other traineeship, stipend, scholarship, fellowship, or grant for tuition for the courses applied for funding under the Traineeship Program**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify that the above named applicant is employed as a full-time special education teacher, early childhood (IECE) or special education administrator of \_\_\_\_\_ public school district.

Principal Signature (\*Required\*): \_\_\_\_\_ Date: \_\_\_\_\_

Traineeship Office Approval \_\_\_\_\_ Hours \_\_\_\_\_ Date \_\_\_\_\_