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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)

Preferred Phone: _____ Your District Email _____

Current Employment; District _____ School _____
 Position _____ Grade Level _____

Current Certification Program (applying for funding in) _____ University _____

Have you previously received Traineeship Program funding? No__ Yes__ (If yes): Semester _____ Year _____

Requesting Funds for Academic Year _____ Summer _____ Fall _____ Spring _____

COURSES REQUESTED FOR THIS SEMESTER: Traineeship funds are available only for classes leading to certification in special education/IECE .

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.
- 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.
- that the tuition for the courses I am applying for are not covered by any other source/financial aid.
- that upon completion of the Traineeship/certification program, I will continue to teach in Kentucky in the position for which I was funded for the number of semesters that I received funding.

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 _____