

**TRAINEESHIP PROGRAM
PART A Personal Data Form
(Must be submitted EACH semester)**

Return Application to:
 Traineeship Program
 Northern Kentucky University
 245 Johns Hill Road
 Highland Heights, KY 41099
FAX 859/442-3529

FOR OFFICE USE ONLY: Hours approved: _____
 IHE Attending: _____
 Certification Sought: _____
 Current Certification: _____
 District: _____
 Postmark Date: _____

SEMESTERS FUNDED: 1st 2nd 3^d 4th

NAME: _____
 (last) (first) (middle init.) Certification Program

E-Mail Home _____ E-Mail Work _____

STUDENT ID# _____ **(Required)** PHONE: _____
 (home) (work)

HOME ADDRESS: _____
 (street) (city) (state) (zip)

CURRENT DISTRICT OF EMPLOYMENT: _____
 Type of Certificate: Emergency/Probationary _____ Alternative Certification Program _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CURRENT POSITION: _____
 (subject/exceptionality taught) (grade level)

Have you previously received Traineeship Program funding? ___ NO ___ YES (if yes) ___ Semester/Year

Semester for which you are applying: (circle one) Note postmark deadline.

SUMMER **FALL** **SPRING** **_____ Year**
Due 4/1 **Due 7/1** **Due 11/1**

Kentucky university attending: (check)

- ___ Asbury ___ Bellarmine ___ Brescia ___ Campbellsville ___ Cumberland
 ___ EKU ___ Georgetown ___ KY State ___ Morehead ___ Murray
 ___ NKU ___ Spalding ___ Union ___ UK ___ U of L ___ WKU

COURSES REQUESTED FOR THIS SEMESTER. Applicant may request up to 6 credit hours:

Course Number	Credit Hours	Course Title	Start/End Dates
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. All courses requested are for certification in the area specified. I will notify the Traineeship Program staff if I accept assistance from another source. I agree to Traineeship Program terms and timelines, and understand that failure to comply may disqualify me from participation in the program. I understand that the purpose of the Traineeship Program is to provide highly qualified teachers for Kentucky Public Schools and I acknowledge my intent to teach special education or early childhood education in the Commonwealth of Kentucky.

Applicant Signature: _____ Date: _____

I verify that the above named applicant is employed as a full-time special education teacher or special education administrator _____ public school district.

For IECE certification applicants I verify that the above named applicant is employed as a full time preschool or Head Start teacher by the _____ public school district.

Principal Signature: _____ **Date:** _____