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 3rd 4th

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

E-Mail Home _____ E-Mail Work _____

SOC. SEC. # _XXX-XX- _ _ _ _ (last 4 digits) PHONE: _____ _____
or -STUDENT ID # _____ (home) (work)

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

WORK ADDRESS: _____ CURRENT POSITION _____
(school)

_____
(street) (city) (state) (zip)

Have you previously received Traineeship Program funding? ___ NO ___ 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

Summer is considered mid May-mid August. Fall is considered mid August-December. Spring is considered January- mid May.

Kentucky university attending: (check)

__	Asbury	__	Bellarmine	__	Brescia	__	Campbellsville
__	Cumberlands	__	Eastern	__	Georgetown	__	KY State
__	Morehead	__	Murray	__	Northern	__	Spalding
__	Union	__	UK	__	U of L	__	Western

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

Course Number	Credit Hours	Course Title	**Session Start & End Date**
_____	_____	_____	
_____	_____	_____	

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 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 Preschool teacher in the _____ public school district.

Principal Signature: _____ **Date:** _____

Updated 11/08