



Code Administrators Association of Kentucky



GRANT APPLICATION TUITION ASSISTANCE

MEMBER NAME: _____
LAST FIRST MI

TITLE: _____ CAAK MEMBERSHIP #: _____

WORK ADDRESS: _____
NUMBER and STREET

WORK PHONE: (_____) _____ CITY state ZIP
FAX: (_____) _____

NAME & ADDRESS OF INSTITUTION OF HIGHER LEARNING: _____

FIELD OF STUDY/MAJOR: _____ FULL TIME: _____ PART TIME: _____

PERSONAL OBJECTIVES:

Attendance at this seminar/conference will further my professional goals for the following reasons:

Applicant's Signature Date

CERTIFICATION OF SUPERVISOR: I certify that this municipality will either be unable to support full funding or can support only partial funding in the amount of \$ _____ for the above named employee to attend the above referenced training conference/seminar. Baring unforeseen circumstances, the above named employee is authorized to attend the seminar/conference named above.

Title

Signature

Date
CAAK/FORMS/SCHOLARSHIP/2TUITION

Send completed Application to:

C/O Jim Branham
3608 Afton Place
Lexington, KY 40515