



Code Administrators Association of Kentucky



Application for CAAK MEMBER AWARD:

HIGHER EDUCATION TUITION ASSISTANCE

AWARD AMOUNT IS \$250

MEMBER NAME: _____ CAAK MEMBER #: _____
Last First MI

WORK ADDRESS: _____
Number & Street City State ZIP

PHONE: (____) _____ E-MAIL ADDRESS: _____

Higher Institution course that you are requesting assistance to attending for this award:

Institution Name: Location: Course & Major:

Attendance at this Higher Institution course will further my professional goals for the following reasons: _____

Tuition cost per semester: \$ _____ Credit Hour: \$ _____

Current number of hours previously obtained for degree: _____

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 higher institution course. Barring unforeseen circumstances, the above named employee is authorized to attend the higher institution course named above.

Title _____ Signature _____ Date _____

Statement of applicant: In applying for consideration, I am aware that the award is to be applied toward tuition only within the field of study identified and my intention to complete the course. If I drop this course, no future award will eligible, unless specifically approved by the CAAK Board.

I verify that all information submitted is true and correct to the best of my knowledge.

Applicant Name Applicant signature Date

EMAIL COMPLETED APPLICATION TO:
CAAK Scholarship Chair, Joseph Lyons
Email: jl Lyons@cityofsomerset.com