



# Code Administrators Association of Kentucky



## GRANT APPLICATION TUITION ASSISTANCE

MEMBER NAME: \_\_\_\_\_

LAST

FIRST

MI

TITLE: \_\_\_\_\_ CAAK MEMBERSHIP#: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

NUMBER and STREET

CITY

STATE

ZIP

WORK PHONE: ( ) \_\_\_\_\_ 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:

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\_\_\_\_\_  
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/FORMSISCHOLARSHIP/2TUITION

Send completed Application to:

EMAIL COMPLETED  
APPLICATION TO GEORGE  
MANN:  
gmann9267@outlook.com