Association of Kansas Community College Occupational Professionals
GRANT APPLICATION FORM

Name _____

Address _____ City & Zip_____

Work Phone _____ Work email _____

College where you are employed: _____

Area of Work: _____

List any colleges or universities you have previously attended, and the degrees you have earned:

_____

Name of definite program or plan of study (i.e. career development courses) you are pursuing:

_____

Class/classes you plan to enroll in next:
_____

Number of hours planned for enrollment per semester: Fall_____ Spring_____ Summer_____

Other financial aid or scholarships you have applied for: _____

Other financial aid or scholarships you have received: _____

Is your employer paying any portion of your tuition/fees (Y/N)? _____ If yes, how much? _____

Have you previously received an AKCCOP Grant (Y/N)? _____ If yes, date(s) received:_____

If married, is your spouse currently employed (Y/N)? _____ If yes, part-time or full-time? _____

Spouse's Employer: _____ Type of work: _____

How many members of your household will be in college during the coming academic year? _____

(Please list the names and ages of your dependents, including your spouse):

Name Age Grade in School Relationship
1. _____ _____ _____ _____
2. _____ _____ _____ _____
3. _____ _____ _____ _____
4. _____ _____ _____ _____

Why are you applying for assistance? How will this course(s) benefit you and what are your goals?

_____

_____

I hereby certify that all information provided above is true, accurate, and complete to the best of my knowledge and belief. I understand that any false statement or misrepresentations may cause rejection of my grant application.

_____   _____
Applicant's Signature   Date

AKCCOP GRANT PROGRAM
Requirements and Instructions

PURPOSE: The purpose of the grant program is to provide an incentive to members who are in the process of continuing their education, but need financial assistance.

ELIGIBILITY: Grant awards are exclusively for active members. A current active member is defined as being employed in a Kansas community college at the time of the award and having yearly dues paid by May 1 of the current membership year.

APPLICATION: Application must be made on the **Grant Application Form** (see page 1) and submitted along with the following supporting documentation:

- **A copy of applicant's current AKCCOP membership card** to verify active membership in AKCCOP
- **Letter of Recommendation** from a fellow college employee, preferably applicant's immediate supervisor
- **Official proof of college registration**

DEADLINES: Grant Application Forms are to be submitted to the president of the association, Patty McFadden**,** Butler Community College, 901 S. Haverhill Road, El Dorado, KS 67042

Deadlines for submitting applications for consideration are
- **September 1** for Board review at the fall Executive Board meeting
- **March 1** for review at the spring annual meeting.

ADMINISTRATION: The Executive Board will designate up to ten award recipients a year. Grants of up to $300 per academic year/per applicant are given on a priority basis. The Board reserves the right to take into consideration any extenuating circumstances.

_____   Grant approved for $_____
Date
_____ Grant denied. Rationale: _____
Date   _____
                          _____
                          _____

_____
    AKCCOP President's Signature   Date

Revised 4/18