

**KANSAS BOARD OF REGENTS**  
**VOCATIONAL EDUCATION SCHOLARSHIP PROGRAM**  
For  
**2009-2010 Academic Year Awards**

The Vocational Education Scholarship Program was established by the 1987 Kansas Legislature to provide financial assistance to **full-time** students who enroll in **designated one or two-year vocational** programs. Designated programs are located at various Kansas area technical schools/colleges, community colleges, Kansas State University - Salina, several four-year colleges and proprietary schools. Only certificate and selected two-year degree programs are included among the designated technical programs. Students with, or applying for, baccalaureate degrees are not eligible for funding.

To apply for the vocational scholarship, you must be a Kansas resident (live in Kansas one year before attending a Kansas school and applying for any state aid), a graduate from an accredited high school (or received a GED), plan to **enroll full time** (12 credit hours) in a **designated vocational program in Kansas**, and take the designated vocational scholarship test. The test is given twice each year.

Registration and testing for the Vocational Education Scholarship Program is processed by the Testing Center at Kansas State University. To register, complete both sides of this form and mail it with the \$10.00 exam fee by the postmark deadline. Students are encouraged to take the exam in November. In case there is a medical, family, or civic emergency or a school related activity that is not scheduled at the time the student registers to take the fall test, exam fees may be transferred to the spring test date. The Kansas Board of Regents will approve any changes to the March exam date on a case-by-case basis providing the test site can accommodate the change. Any changes made less than two weeks before an exam will require an additional \$10 processing fee. If an exam cannot be administered due to the weather, the exam will be rescheduled for the following Saturday.

Approximately 240 scholarships are awarded depending on availability of State funds. This includes approximately 70 students who receive second year funding and about 170 new applicants ranked by test scores. Recipients will receive stipends of \$500 for the 2009-2010 academic year. Scholarships may be renewed for a second year of funding if the program is longer than one year. **Only applicants selected to receive a scholarship and approximately 75 alternates will be notified.** Information is available by contacting KBOR at 785-296-3518 or our web site at:

[http://www.kansasregents.org/financial\\_aid/awards.html](http://www.kansasregents.org/financial_aid/awards.html).



## VOCATIONAL EDUCATION SCHOLARSHIP TEST REGISTRATION

**1. Read and sign the following certification. Your registration is valid only with your signature.**

I understand that my registration must be postmarked by the published deadline, a check in the amount of \$10.00 must be enclosed and I must sign this statement or my registration will not be valid. I understand I must have my social security number and picture identification available when I arrive at the test site on the test date I have selected on this registration form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Return the completed application along with your \$10.00 non-refundable check to:**

Kansas State University  
Vocational Training Scholarship Program  
101 Holton Hall  
Manhattan, KS 66506-1307

Make checks payable to: **Kansas State University**

3. Make a copy of this completed form to keep for future reference on test date, location and time. Your test will be sent only to the location you mark above. Any change to the above test date or test site within two weeks of the original test date/site will require a \$10.00 charge. You will receive confirmation of your application and payment by email (if provided) or by letter.
4. Applicants requiring special accommodations must complete additional forms included in this application.

**ACCOMMODATION REQUEST  
FORM  
2009-2010  
-  
STUDENT SECTION**

If you need special accommodations due to a documented disability, please complete this page **and have the appropriate professional complete Page 5.**

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Accommodations requested for the \_\_\_\_\_ examination.  
Date \_\_\_\_\_ Location \_\_\_\_\_

**Check all that apply.**

- \_\_\_\_\_ Accessible Testing Site
- \_\_\_\_\_ Large print
- \_\_\_\_\_ Reader as accommodation for visual impairment
- \_\_\_\_\_ Scribe/amanuensis as accommodation for visual or motor impairment
- \_\_\_\_\_ Sign Language Interpreter
- \_\_\_\_\_ Extended Time: Time-and-a-half
- \_\_\_\_\_ Other:  
\_\_\_\_\_  
\_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(REVERSE SIDE MUST BE COMPLETED BY HEALTH CARE PROFESSIONAL)**

**HEALTH CARE PROFESSIONAL RECOMMENDED ACCOMODATIONS**

*THIS SECTION MUST BE COMPLETED AND SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED*

\_\_\_\_\_ has discussed the nature of this test to be administered  
(Test Applicant's Name)

(Differential Aptitude Test or DAT). It is my opinion that because of this applicant's disability, providing the following should accommodate him:

(Check all that apply).

- \_\_\_\_\_ Large print test
- \_\_\_\_\_ Reader as accommodation for visual impairment
- \_\_\_\_\_ Scribe/amanuensis
- \_\_\_\_\_ Extended time: Time-and-a-half
- \_\_\_\_\_ Separate testing area
- \_\_\_\_\_ Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Full Address: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_