

KANSAS BOARD OF REGENTS

VOCATIONAL EDUCATION SCHOLARSHIP PROGRAM for 2010-2011 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 October. 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 2010-2011 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.

**ACCOMMODATION REQUEST
FORM
2010-2011
-
STUDENT SECTION**

If you need special accommodations due to a documented disability, please complete this page **and have the appropriate professional (psychologist, medical doctor or special education teacher) complete Page 3.**

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: _____

(PAGE 3 MUST BE COMPLETED BY HEALTH CARE PROFESSIONAL)

HEALTH CARE PROFESSIONAL RECOMMENDED ACCOMMODATIONS

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: _____

VOCATIONAL EDUCATION SCHOLARSHIP TEST REGISTRATION

IF YOU WANT TO TAKE THE VOCATIONAL EXAM YOU MUST PRE-REGISTER. COMPLETE THIS FORM AND MAIL IT WITH THE EXAMINATION FEE BY THE POST MARKED REGISTRATION DEADLINE. DEADLINES AND ADDRESSES ARE ON THE REVERSE SIDE.

Please Print[illegible]

Address: _____ Phone No: (_____) _____
 _____ Street _____ City/State/Zip _____

Test Taker's E-Mail Address: _____

Social Security No. _____ - _____ - _____ Birth date: _____
mm/dd/yyyy

U.S. Citizen? ☐ Yes ☐ No Kansas Resident? ☐ Yes ☐ No ☐ GED ☐ High School Grad

Graduation Year _____ High School Attended: _____ State: _____

Select (X) the date and location of your scholarship test.

REGISTRATION			
Report/Registration Time	Check one (1) date below TEST DATES	POSTMARK DEADLINES	Non Refundable FEE
7:30 – 7:55 A.M.	<input type="checkbox"/> October 31, 2009 8:00 - 11:30 A.M.	October 15, 2009	\$10.00
7:30 – 7:55 A.M.	<input type="checkbox"/> March 6, 2010 8:00 - 11:30 A.M.	February 19, 2010	\$10.00

LOCATION: Put an “X” in the box next to the location where you will take the test.	
<input type="checkbox"/>	ATCHISON - Northeast Kansas Technical College, 1501 W. Riley, <i>Building B</i>
<input type="checkbox"/>	BELOIT - North Central Kansas Technical College, Hwy 24, <i>Student Union</i>
<input type="checkbox"/>	COFFEYVILLE – Coffeyville Comm College, 400 W 11st St, <i>Weinberg Hall, Room 107</i>
<input type="checkbox"/>	DODGE CITY - Dodge City Comm College, 2501 N. 14 th Ave, <i>Student Union Board Rm</i>
<input type="checkbox"/>	EL DORADO – Butler Community College, 901 S. Haverhill Rd, <i>Science Lecture Hall, Room 240</i>
<input type="checkbox"/>	EMPORIA - Flint Hills Technical College, 3301 W. 18th Ave, <i>Conference Center</i>
<input type="checkbox"/>	FORT SCOTT – Fort Scott Community College, 1208 S Horton St, <i>Academic Bldg, Rooms A123 and A124</i>
<input type="checkbox"/>	GOODLAND - Northwest Kansas Technical College, 1209 Harrison St, <i>Student Union</i>
<input type="checkbox"/>	HAYS - North Central KS Technical College, 2205 Wheatland Ave, <i>Business Occupations Bldg</i>
<input type="checkbox"/>	HUTCHINSON - Hutchinson Community College, 14th & Plum St, <i>Student Union, Guidance Counsel Off</i>
<input type="checkbox"/>	LIBERAL – Seward County Comm College/Technical School, 2215 N. Kansas Ave, <i>Main Building</i>
<input type="checkbox"/>	MANHATTAN - Manhattan Area Technical College, 3136 Dickens Ave, <i>Main College Building</i>
<input type="checkbox"/>	OLATHE – Olathe School District 233, 14160 Black Bob Rd, <i>Board of Education Room, 1st Floor</i>
<input type="checkbox"/>	PRATT - Pratt Community College, Highway #61, <i>Main College Building</i>
<input type="checkbox"/>	SALINA - Salina Area Technical School, 2562 Centennial Rd, <i>Building C, Room 148</i>
<input type="checkbox"/>	TOPEKA - Washburn University, 17th and College, <i>Petro Bldg, Room 226</i>
<input type="checkbox"/>	WICHITA - Wichita Area Technical College, <i>Southside Educational Center, 4501 E 47th St S, Room A-121</i>

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**

OR

You can pay online at: <https://commerce.cashnet.com/KSUTESTING>

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.