

Big Sandy Area Community Action Program Head Start

230 Court Street • Paintsville, KY 41240
606-789-1600 *phone* • 606-789-5192 *fax*

Career Development Request Form

Date: _____ Primary Phone: _____
 Name: _____ Alternate Phone: _____
 Address: _____ Email: _____

 Last 4 Digits of Social Security #:

Position (Check One): Teacher Assistant Family Service Worker Parent Other _____
 Head Start Classroom: _____

STAFF ONLY
 Highest Degree Held: _____ HS Diploma/GED _____ Associate _____ Bachelor _____ Master
 Courses Are For: _____ CDA _____ Associate _____ Bachelor _____ ECE Hours

I am requesting assistance for the following courses: (Parents may request a maximum of 3 credit hours)

| Order of Preference | Subject Course Number | Course Description | Credit Hours | Cost |
|------------------------|-----------------------|--------------------|--------------|------|
| 1 st Choice | | | | |
| 2 nd Choice | | | | |
| 3 rd Choice | | | | |
| Total Cost: | | | | |

Courses will be held at:
 ___MSU ___SWVCTC ___EKU ___WKU ___KCTCS Prestonsburg ___KCTCS Hazard ___Other _____

Semester: ___Fall ___Spring ___Summer 20_____

Date Received in Delegate Office: _____ By: _____

Approved By:
 Delegate Director _____
 Grantee Quality Control Manager _____
 Grantee Director _____
 Executive Director _____