

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 Big Sandy ___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 _____