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Stu. Name: \_\_\_\_\_  
Site: \_\_\_\_\_  
Test Date: \_\_\_\_\_  
Disability? \_\_\_\_\_

## KANSAS BOARD OF REGENTS

### VOCATIONAL EDUCATION SCHOLARSHIP PROGRAM for 2005-2006 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 from the Kansas Board of Regents), plan to **enroll full time** 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 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 and if the test site can accommodate the change. Any changes made less than two weeks before an exam will require a \$10 processing fee. If an exam cannot be administered due to weather, the exam will be rescheduled the following Saturday.

Approximately 250 scholarships are awarded depending on availability of State funds. This includes about 180 new applicants ranked by test scores and approximately 70 students receive second year funding. Recipients will receive stipends of \$500 for the 2005-2006 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 alternates will be notified.** Include an e-mail address.

#### 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 REGISTRATION DEADLINE.** DEADLINES AND ADDRESSES ARE ON THE REVERSE SIDE.

#### Please Print

Name: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

Last First M.I. E-Mail Address: \_\_\_\_\_

Social Security No. - - Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_ GED or \_\_\_ High School Grad KS High School: \_\_\_\_\_

Graduation Year \_\_\_\_\_ Address: \_\_\_\_\_

HS Fax #: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_ Kansas Resident? Yes \_\_\_ No \_\_\_

(Continued on Reverse)

## VOCATIONAL EDUCATION SCHOLARSHIP TEST REGISTRATION

1. **Return the completed application and return with \$10.00 non-refundable check to:**  
 Kansas State University  
 Vocational-Technical Training Scholarship Program  
 101 Holton Hall  
 Manhattan, KS 66506-1307  
 Make \$10 check payable to: **Kansas State University**
2. **Check below the date and location you have selected to take the scholarship test.**

REGISTRATION			
Check below the date you will take the test.	TEST DATES	POSTMARK DEADLINES	FEE
	November 6, 2004 8:00 - 11:30 A.M.	October 8, 2004	\$10.00
	March 5, 2005 8:00 - 11:30 A.M.	February 4, 2005	\$10.00

LOCATION: Put an "X" in the box next to the location where you will take the test.	
	<b>ATCHISON</b> - Northeast Kansas Technical College, 1501 W. Riley, <i>Building B</i>
	<b>BELOIT</b> - North Central Kansas Technical College, Hwy 24, <i>Student Union</i>
	<b>DODGE CITY</b> - ( <i>Nov 6, 2004</i> ) Dodge City Community College, 2501 N. 14th, <b><i>Student Union, 2nd Floor</i></b> ( <i>March 5, 2005</i> ) Dodge City Community College, <b><i>Allied Health Bldg, Room 1024</i></b>
	<b>EL DORADO</b> – Butler Community College, 901 S. Haverhill Rd, Science Lecture Hall, 200 Bldg
	<b>EMPORIA</b> - Flint Hills Technical College, 3301 W. 18th Ave, <i>Auditorium</i>
	<b>GOODLAND</b> - Northwest Kansas Technical College, 1209 Harrison, <i>Student Union</i>
	<b>HAYS</b> - North Central KS Technical College, 2205 Wheatland Ave, <i>Business Occupations Bldg</i>
	<b>HUTCHINSON</b> - Hutchinson Community College, 14th & Plum St, <i>Student Union, Guide Counsel Off</i>
	<b>LIBERAL</b> - Southwest Kansas Technical School, 2215 N. Kansas Ave, <i>Student Services Building</i>
	<b>MANHATTAN</b> - Manhattan Area Technical College, 3136 Dickens Ave, <i>Main College Bldg</i>
	<b>OLATHE</b> – Olathe School District 233, 14160 Black Bob Rd, Board of Education Room, 1 <sup>st</sup> Floor
	<b>PRATT</b> - Pratt Community College, Highway #61, <i>Main College Bldg</i>
	<b>SALINA</b> - Salina Area Technical School, 2562 Centennial Rd, <i>Building A, Room R-14</i>
	<b>TOPEKA</b> - Washburn University, 17th and College, <i>Petro Bldg, Room 226</i>

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 on page one) or by letter.
4. **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: \_\_\_\_\_

ACCOMMODATION REQUEST FORM  
2005-2006  
-  
STUDENT SECTION

If you qualify for special accommodations due to a documented disability, please complete this page **and have the appropriate professional complete Page 4.**

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: \_\_\_\_\_

- Other side for Professional Section -  
**(REVERSE SIDE MUST BE COMPLETE)**

DISABILITY RELATED NEEDS  
BY PROFESSIONAL

**THIS SECTION MUST BE COMPLETED**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, this section must be completed by an appropriate professional (education, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

I have known \_\_\_\_\_ since \_\_\_\_\_ in  
my \_\_\_\_\_ (Test Applicant's Name) (Date)  
capacity as a \_\_\_\_\_.  
(professional title)

The applicant has discussed with me the nature of this test to be administered (Differential Aptitude Test or DAT). It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

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

\_\_\_\_\_

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

Printed \_\_\_\_\_ Name \_\_\_\_\_ and \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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