



KEES Qualified Workforce Training Program Reimbursement Pathway Selection Form

KEES-eligible students participating in an approved qualified workforce training (QWT) program have the option to request reimbursement of program expenses from their KEES earnings. Approved expenses include items such as tuition, books, required tools, uniforms, safety equipment, and licenses. A travel allowance of up to \$500 per year may also be requested. The total amount reimbursed each year cannot exceed the total KEES earned while in high school.

QWT students wanting to participate in the reimbursement program must opt in by selecting their funding pathway from the choices below and returning the form to KHEAA. Any student who fails to submit this form will automatically be placed in the traditional KEES pathway. The completed form should be sent to the following address:

KHEAA
Attn: KEES Qualified Workforce Training
P.O. Box 798
Frankfort, KY 40602-0798

STEP 1: Indicate your payment preference by clearly marking the box next to the pathway you want to use.

- Traditional pathway** – Funds will be paid directly to the student’s KEES-participating college or university following verification of enrollment from the institution. Funds will NOT be reimbursed to the student by KHEAA.
- Qualified Workforce Training Program reimbursement pathway** - Funds will be paid directly to the QWT student following KHEAA’s receipt of both a reimbursement request and proof of purchase by the QWT student.

STEP 2: QWT student information (please print legibly)

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ SSN: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

QWT Program of Study: _____

QWT Approved Training Provider: _____

STEP 3: Read the following statement. Then sign and date below to confirm your understanding of the terms.

I understand that by selecting the QWT Program reimbursement pathway my KEES funds will not be sent to a postsecondary institution, and I will be responsible for making payment to the institution for any coursework I’m taking. I also understand the reimbursement amount I can request each year is limited and can be up to, but not go over, the total KEES I earned while in high school; and that I may only be reimbursed for approved expenses for which I have first paid out-of-pocket. I understand that I must submit the required reimbursement request form and proof of purchase to KHEAA in order to receive reimbursement. Should I change my mind about the KEES pathway I have selected, I acknowledge that I have the ability to request a one-time change to my KEES pathway by submitting a statement in writing to KHEAA, and once approved the change will take effect with the next academic year.

QWT Student Signature: _____ Date: _____



KEES Registered Apprenticeship Expense Reimbursement Request

Kentuckians who have an unexpired KY Educational Excellence Scholarship (KEES) award and are participating in registered apprenticeship programs may submit this form to request reimbursement of apprenticeship expenses. Approved expenses include items such as tuition, books, required tools, uniforms, safety equipment, licenses, and travel. The total reimbursed each year cannot exceed the total KEES earned while in high school.

Note - A KEES Registered Apprenticeship Pathway Selection Form, available at www.kheaa.com, must be on file with KHEAA before reimbursement is requested. You may contact KHEAA at (800) 928-8926 ext. 67396 to check your status.

To request reimbursement for apprenticeship expenses, complete this form and return it, along with dated and itemized receipt of the items purchased, to the following address:

KHEAA
Attn: KEES Registered Apprenticeship
P.O. Box 798
Frankfort, KY 40602-0798

Requests for the period ranging from July 2023 to May 2024 must be postmarked on or before June 15, 2024. Additional request forms may be completed and submitted as needed.

(Please print legibly)

Apprentice Name _____ Last Four of SSN _____ Phone (____) _____
Apprentice Address _____ City _____ State ____ Zip _____
Apprentice Email _____ Apprentice Daily Worksite City _____ State _____
Employer/Sponsor Name _____ Employer Phone (____) _____
Employer/Sponsor Mailing Address _____ City _____ State ____ Zip _____

Item Purchased	Store/Place Where Purchased	Amount (excluding taxes)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Travel Amount Requested (No proof of purchase required. Up to \$500 per year)		\$ _____

TOTAL AMOUNT REQUESTED \$ _____

Certification and Signature (required)

Apprentice: I certify I purchased the items listed above to satisfy the requirements of my registered apprenticeship program.

Apprentice Signature _____ Date _____

Employer/Sponsor Representative: I certify the purchased items listed above are required for participation in and completion of the apprentice's program.

Employer Representative's Name (print) _____

Employer Representative's Signature _____ Date _____