



# 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](http://www.kheaa.com), must be on file with KHEAA before reimbursement is requested. You may contact KHEAA at (800) 928-8926 ext. 67394 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 2018 to May 2019 must be postmarked on or before May 15, 2019.** Additional request forms may be completed and submitted as needed.

**(Please print legibly)**

Apprentice Name \_\_\_\_\_ Last Four of SSN \_\_\_\_\_  
Apprentice Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apprentice Email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
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 \_\_\_\_\_