

KY Educational Excellence Scholarship (KEES) eligible students in an approved qualified workforce training (QWT) program can submit this form to request reimbursement of training 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 Qualified Workforce Training Program 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, complete this form and return it, along with dated and itemized receipt of the items purchased, to the following address:

KHEAA Attn: KEES Qualified Workforce Training 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) | | |
|---|---|------------------------------------|
| QWT Student Name | | Last Four of SSN |
| | City | |
| | Phone (| |
| | | |
| tem Purchased | Store/Place Where Purchased | 1 |
| | | 1 |
| | | \$\$ \$ |
| | | \$ |
| | | \$ |
| | | |
| | | \$ |
| ravel Amount Requested (No proof of pu | urchase required. Up to \$500 per year) | \$ |
| | TOTAL AMOUNT REQUESTED | \$ |
| | | |
| Certification and Signature (required) | | |
| Student: I certify I purchased the items lis | sted above to satisfy the requirements of my quo | nlified workforce training program |
| QWT Student Signature | | Date |
| | | |
| • • • | tems listed above are required for participation i student is enrolled. | n and completion of the qualified |
| workforce training program in which this | | |