



California Transitional Kindergarten/State Preschool Stipend (CTKS) Program

Intent to Apply

PERSONAL INFORMATION - (PLEASE PRINT)		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
HOME PHONE:	WORK PHONE:	CELL/OTHER:
WORK EMAIL:	EMAIL:	
Do you have a degree? YES <input type="checkbox"/> NO <input type="checkbox"/> Please indicate all that apply <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA		
Title/Field of degree?		

EMPLOYMENT INFORMATION
EMPLOYER: (Name of school district, corporation, etc.)
SITE NAME:
HOURS WORKED PER WEEK:
CHECK PROGRAM OF CHILDREN YOU ARE CURRENTLY WORKING WITH:
CA TRANSITIONAL KINDERGARTEN PROGRAM (CTKS) <input type="checkbox"/> CA STATE PRESCHOOL PROGRAM (CSPP) <input type="checkbox"/>

Please indicate your planned coursework with approximate cost below:

Estimated class begin/completion date: _____

College Name: _____

	Estimated Cost	Description/Course Title
Tuition		
Fees		
Books		
Total:		

Please submit this form **before completion of coursework** via:

Fax: (530)295-1506

Email: blackburn@edcoe.org

Mail: Elizabeth Blakemore, EDCOE, 6767 Green Valley Road, Placerville, CA 95667

If you have any questions, please contact Lori Blackburn at (530)295-2403.