



# KEES Reimbursement Pathway Selection Form

KEES-eligible students have the option to request reimbursement of approved training-related expenses from their KEES earnings when they are in a qualifying program. Approved expenses include items such as tuition, books, tools, and course materials. 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.

Students wanting to participate in the reimbursement pathway must opt in by completing this form and returning it to KHEAA. Additional instructions on how to request funds will be sent once KHEAA receives the reimbursement pathway selection form. Mail to the completed form to the following address:

**KHEAA**  
**Attn: KEES Reimbursement Pathway**  
**P.O. Box 798**  
**Frankfort, KY 40602-0798**

**STEP 1:** Indicate your qualifying program by clearly marking the box for one of the options below.

- Option 1 - Registered Apprenticeship Program**
- Option 2 - Kentucky College of Arts + Design**
- Option 3 - Eligible Workforce Program**

(For students enrolled in a qualified workforce training program at an approved proprietary school)

**STEP 2:** Student information (please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

*To be completed by Eligible Workforce Program (option 3) students:*

Name of Training Provider: \_\_\_\_\_

Type of Training / Program of Study: \_\_\_\_\_

Training Location (City /State): \_\_\_\_\_

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

I understand that by selecting the KEES reimbursement pathway my KEES funds will be sent to me and not a postsecondary institution, and I will be responsible for paying my educational expenses. 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.

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