

KY LEADS Academy Application Form (Cohort 4)

PART I: General Information

Name:

Home Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

Email: Click here to enter text.

Work Location/School/Division: Click here to enter text.

Current Position: Click here to enter text. Years in Position: Click here to enter text.

Years of Educational Experience: Click here to enter text.

Race: Click here to enter text. Gender Identity: Click here to enter text.

Highest Degree Earned: Click here to enter text.

Certifications/Licenses/Degrees Held in KY: Click here to enter text.

Admitted to University Leadership Program (Y/N): Click here to enter text.

If yes, please identify partner university: Click here to enter text.

If yes, please identify number of credit hours already completed: Click here to enter text.

If no, please identify the partner university where you will enroll in the next 3 months: Click here to enter text.

PART II: Applicant Narrative

The purpose of the LEADS Academy is to increase capacity for special education leadership in Kentucky. Please express your interest in becoming a leader in special education. Describe why you are interested in participating in this academy, including how your participation will make a difference for children with disabilities and their families. Discuss your vision, beliefs, abilities and experiences related to special education leadership. (500 Words)

Click here to enter text.

PART III: Applicant Resum**é**

Please attach a current resumé listing formal education, including degree(s) earned, work experiences related to special education, administration, professional and civic activities, and other pertinent information.

PART IV: Letter of Recommendation

Please attach a letter of recommendation from your principal, supervisor, or program manager with your application packet.

PART V: Applicant Endorsement

Please include signature on this application from your district’s Director of Special Education (DoSE), or your immediate supervisor.

DoSE or Immediate Supervisor Name: Click here to enter text.

Mailing Address: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

Signature:

Date:

PART VI: Certification and Signature

Your signature on this application certifies that the information you are providing is complete and true and correct to the best of your knowledge.

Applicant Signature:

Date:

Submissions

Completed applications must include Parts I, II, III, IV, V, and VI. Please return your application by Friday, June 2, 2023, to Ms. Rebecca Atkins, Kentucky Department of Education, at:

[rebecca.atkins-stumbo@education.ky.gov](mailto:rebecca.atkins-stumbo@education.ky.gov)

CHECKLIST REMINDERS

To ensure your application receives consideration, please be sure your packet includes the following:

* Part I: General Information
* Part II: Narrative Statement
* Part III: Current Resumé
* Part IV: Letter of Recommendation
* Part V: DoSE Signature or Immediate Supervisor
* Part VI: Your Signature