



# LANSING EDUCATIONAL FOUNDATION

## **BCBA & BCaBA Grant Request Form**



Board Certified Behavior Analyst / Board Certified Assistant Behavior Analyst

Open to Certified and Para Educator Staff

**APPLICATIONS DUE: November 1, 2023**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Building: \_\_\_\_\_ Grades Involved: \_\_\_\_\_

SEMESTER	Cost of Total Hours
Cost of Program Hours Summer Semester 2023	
Cost of Program Hours Fall Semester 2023	
Cost of Program Hours Spring Semester 2024	
Cost of Program Hours Summer Semester 2024	
<b>Total Grant Requested:</b>	\$

Name & Address of Program: \_\_\_\_\_

1. Application: Please attach explanation with additional pages. Summarize in less than ten sentences how these funds support the autism program at USD 469. You may attach your letter to this form.
2. Please describe the components of your BCBA program. How much is online, books, residence requirements, etc.
3. What are your long-term career goals?
4. What is your timeline for completing the degree requirements for the BCBA?

**Please note that staff participating in the BCBA and BCaBA Grant Program must be working with students with autism at USD469 during the entire 2023-2024 school year.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

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### **Approval by Superintendent and Director of Special Education**

Amount Approved: \_\_\_\_\_

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

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

**Please return completed forms to Attention: LEF, 200 East Mary, Lansing, KS 66043 or email to [kara.thompson@usd469.net](mailto:kara.thompson@usd469.net)**

**This cover sheet is required for your grant request to be reviewed.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**