



**APPLICATIONS DUE: November 1, 2019**  
 This cover sheet is required for your grant request to be reviewed.  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**LANSING EDUCATIONAL FOUNDATION**

**BCBA & BCaBA Grant Request Form**

Board Certified Behavior Analyst  
 Board Certified Assistant Behavior Analyst  
 Open to Certified and Para Educator Staff

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

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

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

*Expense Summary:*

SEMESTER	Cost of Total Hours
Cost of Program Hours Summer Semester 2019	
Cost of Program Hours Fall Semester 2019	
Cost of Program Hours Spring Semester 2020	
Cost of Program Hours Summer Semester 2020	
<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 USD469. 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 2019-2020 school year.**

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

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

**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**