



# Grandparenting Application

## Michigan School Business Officials Voluntary Certification Program

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

**Your Application must include:**

- 1. Your job description
- 2. Current organizational chart of your school entity
- 3. Accredited College/University Courses (accompanied by transcripts)  
*Only if applying for BOM, BOS, HRS, PAA, SPS, and STM.*
- 4. Application fee of \$60.00 or \$50.00 if in the CTD program and a joint member with MAPT.  
Please make payment to MSBO.

**Submitted By:**

MSBO ID (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School District: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

**Applying for Grandparenting as a (check one):**

- Business Office Manager\*
- Business Office Specialist\*
- Child Nutrition Director
- Facilities Director
- Human Resource Specialist\*
- Operations Director
- Pupil Accounting Auditor\*
- Pupil Accounting Specialist
- School Payroll Specialist\*
- School Technology Manager\*\*
- Transportation Director

*\* Can waive AS degree with five years of school experience and waive BA degree with 10 years of school experience.*

*\*\*Can waive BA degree with only five years of experience in school technology.*

**Grandparenting Provision:**

*Must have pre-requisites. (see attached)*

- 6-10 years of experience – 18 hours and Wrap-up/Ethics Session
- 11-15 years of experience – 12 hours and Wrap-up/Ethics Session
- over 15 years of experience – 6 hours and Wrap-up/Ethics Session

**Please mail completed application along with supporting documents to:**

Debbie Kopkau  
Director of Certification  
Michigan School Business Officials  
1001 Centennial Way, Suite 200  
Lansing, MI 48917

**Payment Information:**

- I have already paid the \$60 application fee
- Check enclosed made payable to MSBO
- Charge my:  Visa  MasterCard

Cardholder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

*Please sign as it appears on your credit card*

**MSBO Use Only:**

- MSBO dues paid
- Application fee paid

# Educational Background/Employment History

## Educational Background

List Names and locations of educational institutions you attended	Dates Attended	Major	Certificate, degree or number of credits
College:			
College:			
Graduate School:			
Other:			
Other:			

## Employment History (list the last fifteen years only)

Name of Employer	Begin Date/End Date	Position Held
Present Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		



## Don't Forget to Include:

- Your job description
- Organizational Chart of your school entity
- Signature of the Superintendent or Board President

## Verification by the Superintendent or Board President/Applicant Signature

### Verification by the Superintendent or Board President

This is to certify that the undersigned, have carefully inspected the information contained in this completed application; that said applicant has correctly and accurately checked the areas of responsibility indicated in their job description; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity, and has demonstrated competence and proficiency in school business assignments and responsibilities.

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

Print or type Name: \_\_\_\_\_

Position: \_\_\_\_\_

School District: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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### Applicant Signature

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities in school business management; and I will make every effort to contribute to my profession and to the Michigan School Business Officials.

I verify that I am a member of Michigan School Business Officials. I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to Michigan School Business Officials, its staff, and/or its Professional Development

Committee to review and verify the information contained in, or in connection with, this application.

I, (name of applicant) \_\_\_\_\_, certify I am with this school district and that the information in this application is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date