



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*
- Facilities Director
- Food Service 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 #: _____

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