



# Grandparenting Application

## Michigan School Business Officials Voluntary Certification Program

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

**MSBO Use Only:**

- MSBO dues paid  
 Application fee paid

**Your Application must include:**

- 1. Your job description
- 2. Current organizational chart of your school entity
- 3. Accredited College/University Courses (*accompanied by unofficial transcripts*)  
*Only if applying for BOM, BOS, CPO, HRS, PAA, SPS, and CTO.*
- 4. Application fee of \$60.00. Please make payment to MSBO.

**Submitted By:**

PIC: \_\_\_\_\_

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

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

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

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

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

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

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

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

E-Mail: \_\_\_\_\_

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

- Business Office Manager\*
- Business Office Specialist\*
- Certified Purchasing Officer\*
- Chief Technology Officer\*\*
- Child Nutrition Director
- Facilities Director
- Human Resource Specialist\*
- Operations Director
- Pupil Accounting Auditor\*
- Pupil Accounting Specialist
- School Payroll Specialist\*
- Specialist in Educational Data
- 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.*

- 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  American Express

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

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

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

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

*Please sign as it appears on your credit card*

# 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:		

# Professional Programs/Accredited College/University Credit

## Professional Programs

- Print & attach certification transcripts or certificates of completion to support classes taken to satisfy requirements of certification track.
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## College/University Credit

- Attach unofficial transcript(s) for verification of accounting classes taken.  
For Business Office Manager certification, you need to show 8 semester hours of Accounting  
For School Payroll Specialist, you need to show 4 semester hours of Accounting
  - One semester hour equals 1.5 term hours.
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## 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

## Don't Forget to Include:

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