



KANSAS NURSING SERVICE SCHOLARSHIP PROGRAM

NURSING STATUS VERIFICATION

As a past recipient of the Kansas Nursing Service Scholarship, you are required to verify your employment as a nurse to satisfy your obligation. If you are not currently employed in a nursing position you may wish to request a deferment in Section C. After completion of this form, please return it to the email address below.

SECTION A: STUDENT INFORMATION

Please complete this section.

Name: _____
LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: _____

City, State, Zip: _____

Phone Number: (____) _____

Email Address: _____

Please provide name and address of one relative or friend at different addresses who will always know how to contact you.

Name: _____

Address: _____ City, State, Zip: _____

_Relationship: _____

College Last Attended: _____

Did you complete your nursing degree program?

____ Yes If yes, give date of completion _____
Month/Year

____ No If no, give reason for not completing the program.

License Expires: _____ License is for LPN ____ RN ____
(Month/Day/Year)

Kansas Board of Regents
SFA
1000 SW Jackson Ste 520
Topeka KS 66612

785.430.4255
Linda Oldham Burns
loldhamburns@ksbor.org
Fax – 785.430.4233

Upload completed
document at
sfa.kansasregents.org

SECTION B: NURSING EMPLOYMENT STATUS (TO BE COMPLETED BY SPONSOR)

Please have a supervising official at the medical facility where you are employed complete this section. If you are not employed in a nursing position, go to Section C.

Name of Employer: _____

Address: _____ City, State, Zip _____

Phone Number:(____) _____

____ Full-Time ____ 3/4 time ____ Half-Time Employment as ____ LPN ____ RN Starting Date: _____

Is Obligation Fulfilled? ____ Yes ____ No Date obligation fulfilled _____

Ending date of employment _____

____ Email: _____

Signature of Hospital Administrator, Human Resources, or Director of Nursing

____ Date _____

Print Name and Title

Note: If recipient worked part time service can be granted as follows:

3/4 time requires 1 1/2 years service for each year of funding

1/2 time requires 2 years service for each year of funding

SECTION C: REQUEST FOR POSTPONEMENT

If you are not currently employed in a nursing position and wish to apply for a deferment, this section must be completed. (K.S.A. 74-3296)

REQUEST FOR POSTPONEMENT FOR THE FOLLOWING REASON: (check one)

____ Undergraduate or Graduate Enrollment in Nursing Program (Complete separate form, if you are enrolled in school)

____ Active military service (must submit statement of military commitment, including enlistment date and expected termination date.)

____ Temporary medical disability (must submit a physician's statement giving reason for disability and date disability began and is expected to end.)

____ Service in VISTA

____ Service to the Peace Corps

____ Service to the United States Public Health Service

____ Service in religious missionary work conducted by tax exempt organization

____ Federal Family and Medical Leave Act (FMLA) of 1993

____ Special circumstances approved by the Kansas Board of Regents (provide letter identifying circumstance)

REQUESTED PERIOD OF DEFERMENT:

(No more than 12 months) From _____ to _____
month day year month day year

Your Signature: _____

Date: _____

If you are not in one of the above circumstances, you are not eligible for postponement of service or repayment. However, we may be able to adjust your repayment or service schedules slightly if you are in one of the following three circumstances.

____ Unemployed Are you actively seeking employment? ____ Yes or ____ No

If yes, when do you expect to begin work? _____

If no, please explain _____

____ Graduate, seeking licensure test date _____ retest date _____

____ Employed, non-nursing position. Are you actively seeking a nursing position? ____ Yes ____ No