

(If No, mail this completed application and **contact us when you are notified of admittance. (DO NOT WAIT UNTIL ADMITTED).**

I am enrolled for Fall ____ / Spring ____ : Anticipated date of graduation: _____
(Month/Year)

SECTION C - SPONSORSHIP

You are required to secure sponsorship for your nursing service scholarship. A copy of the agreement between you and your sponsor must be included with this application.

Please provide the following information about your sponsor.

Sponsoring Facility: _____

Point of Contact/Title: _____

Mailing Address: _____

City, State, Zip+4: _____

Telephone Number: (_____) _____

APPLICATIONS SUBMITTED WITHOUT A VALID SPONSOR AGREEMENT CANNOT BE PROCESSED.

COMMITMENT

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am selected as a scholarship/loan recipient for the study of nursing, **I will engage in full time practice of nursing with the sponsoring medical provider within six months of completion of my nursing degree and licensure one year for each year I receive a scholarship.** I further agree to a full investigation of my eligibility, including inquiries of business and professional persons and a release of my academic and financial records if necessary in support of this application. I certify that to the best of my knowledge the information contained in this application is correct. I understand that false, incorrect or incomplete information may cause the application to be eliminated from consideration for the program. I understand that the continuation of the program and my eligibility to receive scholarship assistance is at all times contingent upon the appropriation of sufficient funds by the Legislature of the State of Kansas and the receipt of my sponsor's portion of the scholarship.

Date _____ Signature _____

NOTE: PRE-NURSING STUDENTS ARE NOT ELIGIBLE FOR THE SCHOLARSHIP

(If uncertain, check with your school. Some schools designate the first semester or quarter as pre-nursing. If you are eligible for the spring semester the priority deadline is still May 1).

REMEMBER - In order for your scholarship application to be complete you must submit three documents:

- 1) This completed application **with** a signed copy of your sponsor agreement.
- 2) A completed 2006-2007 Kansas State Aid Application (Questions #1 and #3) and \$10.00 fee

Mail these **two** documents to: Kansas Board of Regents
Nursing Service Scholarship Program
1000 SW Jackson St, Suite 520
Topeka KS 66612-1368

- 3) A completed 2006-2007 Free Application for Federal Student Aid form (FAFSA) mailed in the **envelope provided** in the FAFSA packet or complete the application on line at www.fafsa.ed.gov. Applications are also available from Financial Aid Offices and high school counselors. **DO NOT SEND A COPY OF YOUR FAFSA TO THIS OFFICE!**

PRIORITY DEADLINE: May 1, 2006