



KANSAS BOARD OF REGENTS

KANSAS TEACHER SERVICE SCHOLARSHIP PROGRAM
2018-2019 TEACHING STATUS VERIFICATION FORM

As a past recipient of the Kansas Teacher Service Scholarship, you are required to verify your employment as a teacher to satisfy your service obligation. After completing the form, you may mail to the address at the bottom of the second page, fax it to 785-430-4233 or send back as an email attachment to jwhitmore@ksbor.org

SECTION A: Please complete this section.

Name: LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: CITY, ST, ZIP

Cell Phone : ( ) - Home Phone: ( ) -

Personal Email:

Work/School Email:

Please provide names and addresses of two (2) relatives or friends at different addresses who will always know how to contact you.

Name: Phone: ( ) - Address: Relationship: CITY, STATE, ZIP

Name: Phone: ( ) - Address: Relationship: CITY, STATE, ZIP

College Last Attended:

Degree Awarded (NA if still enrolled):

Did you complete the teaching degree program for which you were awarded this scholarship?

Yes If yes, give date of completion MONTH/YEAR

No If no, please attach a letter giving reason for not completing the program.

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SECTION B: TEACHING EMPLOYMENT STATUS

Please have this section completed by a supervising official at the school where you are employed to verify your employment. If you are not employed in a teacher's position, please see Section C.

(If you are not teaching in your underserved area or hard-to-fill discipline, please specify and give reason on a separate paper.)

Name of School: USD #:

School Address: CITY, STATE, ZIP

School Phone : ( ) - Starting Date of Employment:

Contract Year: through MONTH/ YEAR MONTH/ YEAR

Teaching in a classroom: Yes: No: Grade Level(s): Subject(s):

Employment Status (check one): Full-Time: Part-Time:

Type of School (check one): Public: Private: Private Non-Profit:

Educational Level (check one): Elementary: Middle School: High School:

Signature of Verifying School Official

Print Name and Title

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## SECTION C: REQUEST FOR DEFERMENT

*If you are not currently employed in a teaching position and wish to apply for a deferment, this section must be completed. (K.S.A. 74-32,105)*

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

- Enrollment in Teacher Education Program** (Complete Section D, 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.)
- Special Circumstances** (See below & **MUST** provide letter explaining circumstance)

### REQUESTED PERIOD OF DEFERMENT:

(No more than 12 months) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/ DAY/ YEAR MONTH /DAY/ YEAR

**If you are not teaching due to a hiring freeze or no available jobs, please include documentation such as a copy of a rejection letter or a letter from the school specifying there is a hiring freeze or no teaching positions.**

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## SECTION D: ENROLLMENT VERIFICATION

*Must be completed if you are enrolled in college studies leading to your educational degree or leading to an educational degree higher than the one you currently have.*

College or University: \_\_\_\_\_

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

Major: \_\_\_\_\_ Undergrad: \_\_\_\_\_ OR; Grad: \_\_\_\_\_

Classification (freshman, sophomore, junior, senior, other): \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

### **REGISTRAR MUST COMPLETE THIS SECTION**

Period of Enrollment:

Academic Year: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_.

Student is (check one): Enrolled \_\_\_\_\_ Not enrolled: \_\_\_\_\_.

Number of hours: \_\_\_\_\_ Academic School or Department: \_\_\_\_\_

School Official's Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

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## SECTION E: EMPLOYMENT VERIFICATION

*Complete this section only if you are employed in a non-teaching position.*

Employer's Name: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Job Position: \_\_\_\_\_

Employment Status (check one): Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

Authorized Official's Signature and Title \_\_\_\_\_

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