



KANSAS NURSE EDUCATOR SERVICE SCHOLARSHIP PROGRAM

STATUS VERIFICATION

As a past recipient of the Kansas Nurse Educator Service Scholarship, you are required to verify your employment as a teacher in a nursing postsecondary program to satisfy your obligation. If you are not currently teaching in a nursing program you may wish to request a deferment in Section C. After completion of this form, please return it to the address below or email the form.

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 a relative or friend at a different addresses who will always know how to contact you.

Name: _____ Phone: _____

Address: _____ Relationship: _____

City, State, Zip: _____

College Last Attended: _____

Did you complete your graduate nursing degree program?

____ Yes If yes, give date of completion _____
Month/Year
____ No If no, give reason for not completing the program.

