



## 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.

**SECTION B: EMPLOYMENT VERIFICATION**

Complete this section if you are employed in a nursing teaching position.

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

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

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

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
month day year month day year  
\_\_\_ Full time position \_\_\_ Part time position

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

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

Email address: \_\_\_\_\_

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

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**SECTION C: REQUEST FOR POSTPONEMENT**

If you are not currently employed in a nursing teaching 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)**

- \_\_\_ **Graduate Enrollment in Nursing Education Program** (email for a different form, if you are currently 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 \_\_\_\_\_

\_\_\_ **Employed, non-teaching position** - Are you actively seeking a teaching position? \_\_\_ Yes \_\_\_ No