



KANSAS BOARD OF REGENTS
KANSAS PROMISE ACT SERVICE SCHOLARSHIP PROGRAM
STATUS VERIFICATION FORM

As a past recipient of the Kansas Promise Act Service Scholarship, you are required to verify your residency and employment in Kansas to satisfy your service obligation. After completing the form, you may email it to scholars@ksbor.org or mail it to the Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612.

SECTION A: Please complete this required section with your current information.

Last Name _____ First Name _____ MI _____ Previous name (if applicable) _____

Current Address: _____
STREET CITY ST ZIP

Phone: _____ Email: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / _____ Are you a current resident of Kansas? Yes No

You must also submit proof of current residence in Kansas. This can be shown by providing a copy of a recent utility bill or equivalent (no more than two months old) with your name and current address listed on it. **You must also submit one of the following:** A copy of your current Kansas-issued ID card, a copy of your Kansas voter registration record, or a copy of your most current Kansas income tax documentation. All documentation provided must show your current address in Kansas. Please provide your documentation with your completed form.

Select ONE of the following:

- I am currently working and living in Kansas (Complete Section B.)
- I am not working and/or living in Kansas. I understand that by not commencing to work and live in Kansas within six months of graduating from my promise-eligible program I am violating the service agreement I signed with the Kansas Board of Regents for the Promise scholarship. As a result, I understand that unless I am approved for postponement or release of my service obligation, I must repay the total amount of Promise scholarship funding I received, plus accrued interest at a rate equivalent to the interest rate applicable to loans made under the federal PLUS program at the time my first course was funded by a Kansas Promise Scholarship. (Sign and date Section A and return the form).
- I began service in the US Armed Forces/Military (Complete Section C.)
- I am still enrolled in a Kansas college (at least 6 credit hours/semester) (Complete Section D.)
- I am requesting postponement of my service obligation (Complete section E.)

I certify that all of the information I have provided on this form and in any accompanying pages or documents is true, complete, and correct to the best of my knowledge. I understand that in order to satisfy the requirements of the service obligation for the Kansas Promise Scholarship I must verify that I am working and living in Kansas. I understand that within six months of completing a Promise-eligible program I must commence and continue working and living in Kansas for two consecutive years. I understand that I can request postponement of this work/live service obligation by submitting this form with required documentation. I understand that if I do not satisfy the requirements of the service obligation, I must repay the total amount of Promise Act Scholarship funding I received, plus accrued interest.

Signature

Date

SECTION B: EMPLOYMENT STATUS (TO BE COMPLETED BY THE EMPLOYER)

Please have this section completed by an authorized official at your place of employment to verify your employment in Kansas. An authorized official is one who has access to your employment records and is authorized by the employer to certify the employment status of the organization's employees. You may submit a W-2 wage and tax statement showing Kansas withholding or estimated income tax to the State of Kansas as supporting documentation. If you are self-employed, please fill out this section and provide documentation to support your claim.

Employee Name: _____

Employer Name: _____

Employer Address: _____
STREET CITY ST ZIP

Work Site Address (if different than Employer Address): _____
STREET CITY ST ZIP

Is this employee's work typically performed within the State of Kansas? Yes No

Select an option that best describes the employee's field of work (Select One):

- Agriculture Automotive Repair Commercial/Industrial Machinery and Equipment Construction
- Education Information Technology Law Manufacturing Mental or Physical Healthcare
- Natural Resources/Mining Public Safety or Corrections Transportation or Warehousing Utilities Other

Employment Begin Date: _____ AND Employment End Date: _____ OR Still Employed
MM/YYYY MM/YYYY

Employment Status: Full-Time _____ Part-Time _____ Employment Status: Hourly _____ Salaried _____

By signing, I certify that the information in Section B is true, complete, and correct to the best of my knowledge and belief, that I am an authorized official of the organization, and that the employee named in Section A is or was an employee of the organization named in Section B.

Signature of Employer Authorized Official _____ Date _____

Employer Authorized Official Printed Name and Title _____

Employer Authorized Official's Phone Number _____ Employer Authorized Official's Email _____

SECTION C: MILITARY STATUS

Must be completed if you commenced service in the US Armed Forces any time AFTER receiving a Promise Scholarship.

Did you commence service as a military servicemember after receiving this scholarship? ___Yes ___No

If yes, give date of commencement of military service _____
MONTH/YEAR

If yes, you must also attach documentation of commencement of service. Acceptable documentation includes a proof of service statement letter, a copy of your most recent enlistment contract, or a copy of your most recent Leave and Earnings Statement. You may disregard the rest of this form and submit what you have completed.

SECTION D: COLLEGE ENROLLMENT VERIFICATION

This section must be completed only if you are enrolled in college studies beyond your Promise Eligible Program and wish to begin your service obligation *after* you are no longer enrolled. Please have this section completed by an authorized official at your institution. An authorized official is an official of a qualifying institution that has access to the student's enrollment information, preferably an official in the Registrar's office. A qualifying institution is a public or private postsecondary institution that has its primary location in Kansas; postponement will not be approved for non-eligible institutions. Your institution must verify your enrollment in at least six credit hours each semester. You will be required to fill out this form each semester you wish to postpone your service obligation due to college enrollment.

College/University Name: _____

Undergraduate OR Graduate Student Anticipated Graduation Date: _____

Student is (check one): Enrolled Not enrolled

Student is enrolled in (SEMESTER/YEAR): _____ Number of hours enrolled: _____

By signing, I certify that the information in Section D is true, complete, and correct to the best of my knowledge and belief, that I am an authorized official of the institution, and that the named individual in Section A is a student of the institution named in Section D.

Signature of Institution Official

Date

Printed Name and Title of Institution Official

Institution Official's Phone Number

Institution Official's Email Address

SECTION E: REQUEST FOR POSTPONEMENT

If you are not currently employed in Kansas or are not currently living in Kansas and wish to apply for a postponement of any obligation under your Promise Service Scholarship Agreement, this section must be completed and supporting documentation must be submitted. Requests for postponement are reviewed on a case-by-case basis. Postponement will only be approved for reasons permitted by the law.

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

- Service in VISTA, Peace Corps, U.S. Public Health Service, or for a 501(c)(3) performing religious missionary work** (You must submit relevant organization's statement documenting service commitment, including start date and expected termination date.)
- Temporary Medical Disability** (You must submit a physician's statement documenting the nature of medical disability, including the date disability began and expected recovery date. Postponement cannot exceed the duration of the medical disability.)
- Family Medical Leave Act (FMLA) Leave** (You must submit documentation of the FMLA leave approval, including the date the leave is expected to begin and end. Postponement cannot exceed the duration of the FMLA leave.)
- Special Circumstances** (You must provide a letter explaining your circumstances, along with supporting documentation. Circumstances must generally be unforeseen or out of the individual's control.)

REQUESTED PERIOD OF POSTPONEMENT:

I WISH TO REQUEST POSTPONEMENT UNTIL (MONTH/YEAR): _____

(If approved, your obligation will be postponed only for the duration of the documented circumstance. Postponement will typically only be approved for up to a year at a time; postponement generally cannot exceed a total duration of five years).