



**KANSAS BOARD OF REGENTS**  
Kansas ROTC Service Scholarship  
1000 SW Jackson St, Suite 520  
Topeka KS 66612-1368

ROTC STATUS VERIFICATION

As a past recipient of the Kansas ROTC Service Scholarship, you are required to verify your status as a commissioned officer to satisfy your service obligation. If you are not currently in a ROTC program at your university or serving in the Kansas Army National Guard as a Second Lieutenant you will be required to repay your scholarship(s). After completion of this form, please return it to the above address.

**SECTION A: NATIONAL GUARD MEMBER INFORMATION**

This section is to be completed by you, the recipient of the Kansas ROTC Service Scholarship.

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI MAIDEN NAME

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Provide the names and address of a relative or friend at a different addresses who will always know how to contact you.

Name: \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

University Last Attended:  
\_\_\_\_\_

Did you complete your ROTC program?

\_\_\_\_ Yes If yes, give date of completion \_\_\_\_\_  
(Month and Year)

\_\_\_\_ No If no, give reason for not completing the program. \_\_\_\_\_

\_\_\_\_\_

## SECTION B: UNIVERSITY ENROLLMENT VERIFICATION

Must be completed if you are enrolled in college studies leading to a graduate degree program.

University: \_\_\_\_\_

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

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

### REGISTRAR MUST COMPLETE THIS SECTION

Period of Enrollment: Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

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

\_\_\_\_\_  
School Official's Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## SECTION C: KANSAS ARMY NATIONAL GUARD UNIT VERIFICATION

Please have a unit official complete this section.

Name of Unit: \_\_\_\_\_

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

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Serving as a Commissioned Officer \_\_\_ Yes \_\_\_ No Date Assigned to Unit: \_\_\_\_\_

Date obligation fulfilled: \_\_\_\_\_  
(4 years after assigned to unit as an officer)

\_\_\_\_\_  
Signature of Unit Commander or Authorized Representative

\_\_\_\_\_  
Typed/Printed Name and Title

\_\_\_\_\_  
Date

Return to:  
Kansas Board of Regents  
1000 SW Jackson St Ste 520  
Topeka KS 66612  
[loldhamburns@ksbor.org](mailto:loldhamburns@ksbor.org)  
phone: 785.430.4255  
fax: 785.430.4233  
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