



KANSAS BOARD OF REGENTS

KANSAS TEACHER SERVICE SCHOLARSHIP PROGRAM
2024-2025 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 upload it at sfa.kansasregents.org (Upload Documents button), mail it to the address at the bottom of the second page or email it to jwhitmore@ksbor.org.

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

Name: LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: CITY ST ZIP

Cell Phone: ( ) - Alt Phone: ( ) -

Personal Email:

Work/School Email:

Please provide information for two relatives/friends at different addresses who will always be able to contact you:

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

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

College attended (where you received this scholarship):

Name of degree received (N/A 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 (or see Section C).

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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 for the 2024-2025 year. If you are not employed in a teacher's position, please see Section C.

Name of School: USD #:

School Address:

Original Hire Date (for this position): Contract for 2024-2025: through MONTH/YEAR MONTH/YEAR

Employment Status (check one): Full-Time Part-Time Teaching in a classroom: Yes No

Grade Level(s): Subject(s):

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

Signature of Verifying School Official

Printed 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)**

- Still enrolled in college and working toward completing 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 / YEAR MONTH / 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 schools you applied to specifying there is a hiring freeze or no teaching positions.**

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**SECTION D: COLLEGE ENROLLMENT VERIFICATION**

*Must be completed if you are still enrolled in college and working towards your education degree or pursuing an education degree higher than the one you currently have.*

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

Major/Degree Seeking: \_\_\_\_\_

Undergrad: \_\_\_\_\_ OR; Grad: \_\_\_\_\_ Classification (Freshman, Soph, Jr, Sr, other): \_\_\_\_\_

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

**REGISTRAR'S OFFICE MUST COMPLETE THIS SECTION:**

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

Number of hours Enrolled: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Academic School or Department: \_\_\_\_\_

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

Printed Name and Title: \_\_\_\_\_

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**SECTION E: NON-TEACHING 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: \_\_\_\_\_