



## KANSAS BOARD OF REGENTS

### KANSAS PROMISE SERVICE SCHOLARSHIP PROGRAM RECIPIENT STATUS VERIFICATION FORM

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

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

LAST NAME FIRST NAME MI MAIDEN NAME

Address: \_\_\_\_\_  
CITY ST ZIP

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number, last four digits only:- \_\_\_\_\_

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 the Promise scholarship): \_\_\_\_\_

Degree or Certificate Received: \_\_\_\_\_

Did you complete the Promise Eligible Program for which you were awarded this scholarship?

\_\_\_\_ Yes If yes, give date of completion \_\_\_\_\_  
MONTH/YEAR

\_\_\_\_ No If no, you may disregard the remainder of this form and submit what you have completed.

*If you had circumstances that were out of your control that resulted in you not being able to complete the Promise Eligible Program, you may submit a letter explaining your circumstances along with your form for consideration.*

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 B: EMPLOYMENT STATUS**

*Please have this section completed by a supervising official at your place of employment to verify your employment in Kansas. Alternatively, you may submit a W-2 wage and tax statement showing Kansas withholding or estimated income tax to the State of Kansas. If you are not employed in Kansas, please see Section C.*

Name of Employer: \_\_\_\_\_

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

Original Hire Date: \_\_\_\_\_ Employment Status: Full-Time \_\_\_ Part-Time \_\_\_

\_\_\_\_\_  
Signature of Verifying Employer Official

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

### **SECTION C: REQUEST FOR POSTPONEMENT**

*If you are not currently employed in Kansas and wish to apply for a postponement of any obligation under your Promise Service Scholarship Agreement, this section must be completed.(K.S.A. 74-32,276)*

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

**Still enrolled in college**(Complete Section D.)

**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 nature of medical disability, including 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.)

### **REQUESTED PERIOD OF POSTPONEMENT:**

(No more than five years) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR

**SECTION D: COLLEGE ENROLLMENT VERIFICATION**

*Must be completed if you are enrolled in college studies beyond your Promise Eligible Program.*

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

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

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

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

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

Student is (*check one*): Enrolled      Not enrolled

Number of hours enrolled for: Fall      Spring \_\_\_\_\_ Summer \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Verifying School Official

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official's Email Address