



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 _____, fax it to _____ or send it back as an email attachment to _____.

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: (____) _____ - _____ Home 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): _____

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, please attach a letter giving reason for not completing the program.

SECTION B: EMPLOYMENT STATUS

Please have this section completed by a supervising official at your place of employment to verify your employment in 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. (2021 HB 2064, Section 6)

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 (See below & **MUST** provide letter explaining circumstances.)

REQUESTED PERIOD OF POSTPONEMENT:

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

SPECIAL CIRCUMSTANCES: **If you are not working in Kansas 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 employers you applied to specifying there is a hiring freeze or no available positions.**

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 _____

Academic School or Department: _____

Signature of Verifying School Official

Printed Name and Title

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