



Initial date of enrollment: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

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**SECTION C - SPONSORSHIP**

**You are required to secure sponsorship for your nursing scholarship. A copy of the agreement between you and your sponsor must be included with this application.**

Please provide the following information about your sponsor.

Sponsoring Facility: \_\_\_\_\_

Point of Contact/Title: \_\_\_\_\_

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

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

Phone #, County: (\_\_\_\_\_) \_\_\_\_\_

**APPLICATIONS SUBMITTED WITHOUT A VALID SPONSOR AGREEMENT CANNOT BE PROCESSED.**

Kansas Nursing Service Scholarship

**COMMITMENT**

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am selected as a scholarship/loan recipient for the study of nursing, **I will engage in full time practice of nursing with the sponsoring medical provider within six months of completion of my nursing degree or certificate program for the period of time required by my contract.** I further agree to a full investigation of my eligibility, including inquiries of business and professional persons and a release of my academic and financial records if necessary in support of this application. I certify that to the best of my knowledge the information contained in this application is correct. I understand that false or incorrect information may cause the application to be eliminated from consideration for the program. I understand that the continuation of the program and the my eligibility to receive scholarship assistance is at all times contingent upon the appropriation of sufficient funds by the Legislature of the State of Kansas.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: PRE-NURSING STUDENTS ARE NOT ELIGIBLE FOR THE SCHOLARSHIP**

(If uncertain, check with your school. Some schools designate the first semester or quarter as pre-nursing. If you are eligible for the spring semester the priority deadline is still May 1).

**REMEMBER - In order for your scholarship application to be complete you must submit three documents:**

- 1) This completed application **with** a signed copy of your sponsor agreement.
- 2) A completed 2005-2006 Kansas State Aid Application (Questions #1 and #3) and \$10.00 fee

Mail these **two** documents to: Kansas Board of Regents  
Nursing Service Scholarship Program  
1000 SW Jackson St, Suite 520  
Topeka KS 66612-1368

- 3) A completed 2005-2006 Free Application for Federal Student Aid form (FAFSA) mailed in the **envelope provided** in the FAFSA packet or complete the application on line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Applications are also available from Financial Aid Offices and high school counselors.

**PRIORITY DEADLINE: May 1, 2005**