

KANSAS SPECIAL EDUCATION TEACHER SERVICE SCHOLARSHIP PROGRAM

DESCRIPTION OF PROGRAM

During the 2006 Legislative session, House Bill 2578 provided for the establishment of the Kansas Special Education Teacher Service Scholarship Program. This service obligation scholarship program provides assistance to licensed teachers who are pursuing continued coursework to enable them to receive licensure and full endorsement as a special education teacher in the state of Kansas.

PURPOSE OF PROGRAM

Knowing that there is an increased need to employ qualified special education teachers in the state, this program was enacted to increase the number of licensed and fully endorsed special education teachers in Kansas.

PROGRAM REQUIREMENTS

Applicants must be:

- A resident of Kansas;
- Currently licensed as a teacher in the state of Kansas;
- Accepted for admission to, or currently enrolled in, an approved course of instruction leading to license and full endorsement as a special education teacher;
- Able to demonstrate scholastic ability as determined by the submission of college transcripts and an academic letter of reference.

This scholarship is renewable on the basis of the recipient remaining in good standing and making satisfactory academic progress toward the completion of the requirements of the course of instruction in which they are enrolled as defined by their academic institution.

AMOUNT OF FUNDING AVAILABLE

Recipients may be eligible up to \$3,000 each semester for full-time enrollment in a one-year course of study that meets the requirements for licensure as a special education teacher. If a recipient is enrolled part-time, the amount of the award is proportional dependent upon the number of hours that the student is enrolled during an academic year. The funding amount will be as follows:

- 12 + Hours - \$3,000/per semester
- 9-12 Hours - \$2,250/per semester
- 6-9 Hours - \$1,500/per semester
- 3-6 Hours - \$750/per semester

SERVICE OBLIGATION REQUIREMENT

As a condition for receipt of the scholarship, the recipient shall enter into an agreement with the state of Kansas in which they will agree to:

- Complete the required course of instruction leading to licensure and full endorsement as a special education teacher;
- Engage in teaching special education, within six months of licensure, to children in Kansas in an accredited public or private school on a full-time basis for a period of **not less than three years or on a part-time basis for a period of six years.**

If a recipient is unable to fulfill the service obligation they will be subject to repaying the amount of the scholarship that they received plus accrued interest at a rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time the agreement was first entered into plus five percentage points (currently as of 7/1/06 that interest rate is 13.5%).

**KANSAS SPECIAL EDUCATION TEACHER SERVICE SCHOLARSHIP
PROGRAM and
KANSAS TEACHER EDUCATION SCHOLARSHIP PROGRAM
2006-2007 APPLICATION**

**Kansas Board of Regents
Kansas Teacher Education Scholarship Program
1000 S. W. Jackson; Suite 520
Topeka, KS 66612-1368**

An application must be submitted to the Kansas Board of Regents along with a copy of all academic transcripts and at least one academic letter of recommendation. During the 2006-07 academic year, applications will be reviewed and awarded on a first-come, first-served basis. During the 2007-2008 academic year, and beyond, the priority deadline for applications will be May 1 each year.

I am applying for the (check only one):

Kansas Special Education Teacher Service Scholarship

Kansas Teacher Education Scholarship Program

A. BACKGROUND INFORMATION

1. Name _____
Last First M.I.

2. Are there any previous names (married, maiden or alias) that you have used? If so, please provide: _____

3. Current Address: _____
Street Address

City State Zip Code

4. Permanent Address (if different from above)

City State Zip Code

5. Email Address: _____

6. Social Security Number: _____ Phone: (____) _____

7. Date of Birth: _____

B. RESIDENCY INFORMATION

8. When did your physical presence in Kansas begin? _____
Month/ Year

9. If you have ever lived outside of Kansas indicate where and when?

C. EDUCATION

10. High School Name: _____ Yr of Graduation _____
Address: _____
City, State, Zip _____

Undergraduate Name: _____ Yr. of Graduation _____
College Address: _____
City, State, Zip: _____

Did you pay resident tuition? Yes ____ No ____
Did you receive an Associate's Degree? Yes ____ No ____

Graduate Name: _____ Yr. of Graduation _____
School Address: _____
(if applicable) City, State, Zip: _____

Did you pay resident tuition? Yes ____ No ____

11. What educational institution will you be attending? _____

12. How many hours will you plan to enroll in for Fall 2006? _____ Spring 2007? _____

D. EMPLOYMENT

13. Are you currently licensed to teach in the state of Kansas? Yes ____ No ____

14. Present Name of Employer: _____
Employment Address: _____
City, State, Zip: _____

Starting Date: _____ Ending Date: _____
Position: _____

Previous Name of Employer: _____
Employment Address: _____
City, State, Zip: _____

Starting Date: _____ Ending Date: _____
Position: _____

Name of Employer: _____
Address: _____
City, State, Zip: _____

Starting Date: _____ Ending Date: _____
Position: _____

I affirm that all of the above information on this form is true. If asked by an authorized official, I agree to provide proof of the information that I have given on this form.

Signature _____ Date _____