



KANSAS BOARD OF REGENTS

KANSAS TEACHER SERVICE SCHOLARSHIP PROGRAM
2017-2018 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 mail to the address at the bottom of the second page, fax it to 785-430-4233 or send back as an email attachment to kstewart@ksbor.org.

SECTION A: Please complete this section.

Name: _____ Date of Birth: ____/____/____
LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: _____
CITY, ST, ZIP

Cell Phone :(____) ____ - _____ Home Phone: (____) ____ - _____

Personal Email: _____

Work/School Email: _____

Please provide names and addresses of two (2) relatives or friends at different addresses who will always know how to contact you.

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

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

College Last Attended: _____

Degree Awarded (NA 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.

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. If you are not employed in a teacher's position, please see Section C.

(If you are not teaching in your underserved area or hard-to-fill discipline, please specify and give reason on a separate paper.)

Name of School: _____ USD #: _____

School Address: _____
CITY, STATE, ZIP

School Phone :(____) ____ - _____ Starting Date of Employment: _____

Contract Year: _____ through _____
MONTH/ YEAR MONTH/ YEAR

Teaching in a classroom: Yes: ____ No: ____ Grade Level(s): _____ Subject(s): _____

Employment Status (check one): Full-Time: _____ Part-Time: _____

Type of School (check one): Public: _____ Private: _____ Private Non-Profit: _____

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

Signature of Verifying School Official

Print Name and Title

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)

- Enrollment in 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/ DAY/ YEAR MONTH /DAY/ 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 school specifying there is a hiring freeze or no teaching positions.

SECTION D: ENROLLMENT VERIFICATION

Must be completed if you are enrolled in college studies leading to your educational degree or leading to an educational degree higher than the one you currently have.

College or University: _____
 Address: _____
 Major: _____ Undergrad: _____ OR; Grad: _____
 Classification (freshman, sophomore, junior, senior, other): _____
 Anticipated Graduation Date: _____
REGISTRAR MUST COMPLETE THIS SECTION
 Period of Enrollment:
 Academic Year: Fall: _____ Spring: _____
 Student is (check one): Enrolled _____ Not enrolled: _____
 Number of hours: _____ Academic School or Department: _____
 School Official's Signature _____
 Print Name and Title _____

SECTION E: 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: _____