



KANSAS NURSING SERVICE SCHOLARSHIP PROGRAM

NURSING STATUS VERIFICATION

As a past recipient of the Kansas Nursing Service Scholarship, you are required to verify your employment as a nurse to satisfy your practice obligation. If you are not currently employed in a nursing position you may wish to request a deferment in Section C. After completion of this form, please return it to the address below.

SECTION A: STUDENT INFORMATION

Please complete this section.

Name: _____
LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: _____

City, State, Zip: _____

Phone Number: (____) _____

Email Address: _____

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: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

College Last Attended: _____

Did you complete your nursing degree program?

____ Yes If yes, give date of completion _____

Month/Year

____ No If no, give reason for not completing the program.

License Expires: _____ License is for LPN ____ RN _____

(Month/Day/Year)

Kansas Board of Regents
SFA
1000 SW Jackson Ste 520
Topeka KS 66612

785.430.4255
Linda Oldham Burns
loldhamburns@ksbor.org

PN: 561.13.2015.3197

SECTION B: NURSING EMPLOYMENT STATUS (TO BE COMPLETED BY SPONSOR)

Please have a supervising official at the medical facility where you are employed complete this section. If you are not employed in a nursing position, go to Section C.

Name of Employer: _____

Address: _____ City, State, Zip _____

Phone Number:(____) _____

____ **Full-Time** ____ **3/4 time** ____ **Half-Time Employment as** ____ **LPN** ____ **RN Starting Date:** _____

Is Obligation Fulfilled? ____ Yes ____ No Date obligation fulfilled _____

Ending date of employment _____

Email: _____

Signature of Hospital Administrator, Human Resources, or Director of Nursing

Date

Print Name and Title

Note: If recipient worked part time service can be granted as follows:

3/4 time requires 1 1/2 years service for each year of funding

1/2 time requires 2 years service for each year of funding

SECTION C: REQUEST FOR POSTPONEMENT

If you are not currently employed in a nursing position and wish to apply for a deferment, this section must be completed. (K.S.A. 74-3296)

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

____ **Undergraduate or Graduate Enrollment in Nursing Program** (Complete separate form, 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.)

____ **Service in VISTA**

____ **Service to the Peace Corps**

____ **Service to the United States Public Health Service**

____ **Service in religious missionary work conducted by tax exempt organization**

____ **Federal Family and Medical Leave Act (FMLA) of 1993**

____ **Special circumstances approved by the Kansas Board of Regents** (provide letter identifying circumstance)

REQUESTED PERIOD OF DEFERMENT:

(No more than 12 months) From _____ To _____
month day year month day year

Your Signature: _____ Date: _____

If you are not in one of the above circumstances, you are not eligible for postponement of service or repayment. However, we may be able to adjust your repayment or service schedules slightly if you are in one of the following three circumstances.

____ **Unemployed** Are you actively seeking employment? ____ Yes or ____ No

If yes, when do you expect to begin work? _____

If no, please explain _____

____ **Graduate, seeking licensure** test date _____ retest date _____

____ **Employed, non-nursing position.** Are you actively seeking a nursing position? ____ Yes ____ No