



KANSAS BOARD OF REGENTS  
**KANSAS ADULT LEARNER GRANT**  
**STATUS VERIFICATION FORM**

As a past recipient of the Kansas Adult Learner Grant, you are required to verify your residency and employment in Kansas to satisfy your service obligation. After completing the form, you may upload it to our online system, <https://sfa.kansasregents.gov>, email it to [scholars@ksbor.org](mailto:scholars@ksbor.org) or mail it to the Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612.

**SECTION A: Please complete this required section with your current information.**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Previous name (if applicable) \_\_\_\_\_

Current Address: \_\_\_\_\_  
STREET CITY ST ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you a current resident of Kansas?  Yes  No

**You must also submit proof of current residence in Kansas. Please submit the following documentation along with this verification form:**

- 1. Copy of your Kansas driver's license or state ID card.** If you do not have a state-issued ID, we will accept a current voter registration card, or your most recent Kansas income tax documentation (such as a W-2).
- 2. A current utility bill or bank statement.** You may redact any sensitive financial information. The bill must show your current address and the statement date must be no more than two months old. Please open the envelope and send us a scan of the first page—we cannot accept a picture of the outside of an envelope with no date on it.

**Select ONE of the following:**

- I am currently working and living in Kansas** (Complete Section B.)
- I am not working and/or living in Kansas.** I understand that by not commencing to work and live in Kansas within six months of graduating from my Adult Learner Grant-eligible program I am violating the service agreement I signed with the Kansas Board of Regents for the Adult Learner Grant. As a result, I understand that unless I am approved for postponement or release of my service obligation, I must repay the total amount of Adult Learner Grant funding I received, plus accrued interest at a rate equivalent to the interest rate applicable to loans made under the federal PLUS program at the time my first course was funded by a Kansas Adult Learner Grant. (Sign and date Section A and return the form).
- I began service in the US Armed Forces/Military** (Complete Section C.)
- I am still enrolled in a Kansas college (at least 6 credit hours/semester)** (Complete Section D.)
- I am requesting postponement of my service obligation** (Complete section E.)

*I certify that all of the information I have provided on this form and in any accompanying pages or documents is true, complete, and correct to the best of my knowledge. I understand that in order to satisfy the requirements of the service obligation for the Kansas Adult Learner Grant I must verify that I am working and living in Kansas. I understand that within six months of completing a Adult Learner Grant-eligible program I must commence and continue working and living in Kansas for two consecutive years. I understand that I can request postponement of this work/live service obligation by submitting this form with required documentation. I understand that if I do not satisfy the requirements of the service obligation, I must repay the total amount of Adult Learner Grant funding I received, plus accrued interest.*

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Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION B: EMPLOYMENT STATUS (TO BE COMPLETED BY THE EMPLOYER)

Please have this section completed by an authorized official at your place of employment to verify your employment in Kansas. An authorized official is one who has access to your employment records and is authorized by the employer to certify the employment status of the organization's employees. If you are self-employed, please fill out this section and provide documentation, such as a W-2 showing Kansas withholding or estimated income tax to the State of Kansas, as supporting documentation.

Employee Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET CITY ST ZIP

Work Site Address (if different than Employer Address):

STREET CITY ST ZIP

Is this employee's work typically performed within the State of Kansas?  Yes  No

**Select an option that best describes the employee's field of work (Select One):**

- Agriculture  Automotive Repair  Commercial/Industrial Machinery and Equipment  Construction  
 Education  Information Technology  Law  Manufacturing  Mental or Physical Healthcare  
 Natural Resources/Mining  Public Safety or Corrections  Transportation or Warehousing  Utilities  Other

Employment Begin Date: \_\_\_\_\_ AND Employment End Date: \_\_\_\_\_ OR  Still Employed  
MM/YYYY MM/YYYY

Employment Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Employment Status: Hourly \_\_\_\_\_ Salaried \_\_\_\_\_

*By signing, I certify that the information in Section B is true, complete, and correct to the best of my knowledge and belief, that I am an authorized official of the organization, and that the employee named in Section A is or was an employee of the organization named in Section B.*

Signature of Employer Authorized Official

Date

Employer Authorized Official Printed Name and Title

Employer Authorized Official's Phone Number

Employer Authorized Official's Email

## SECTION C: MILITARY STATUS

**Must be completed if you commenced service in the US Armed Forces any time AFTER receiving an Adult Learner Grant.**

Did you commence service as a military servicemember ***after*** receiving this scholarship? \_\_\_ Yes \_\_\_ No

If yes, give date of commencement of military service \_\_\_\_\_  
MONTH/YEAR

**If yes, you must also attach documentation of commencement of service.** Acceptable documentation includes a proof of service statement letter, a copy of your most recent enlistment contract, or a copy of your most recent Leave and Earnings Statement. You may disregard the rest of this form and submit what you have completed.

## SECTION D: COLLEGE ENROLLMENT VERIFICATION

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This section must be completed only if you are enrolled in a college in Kansas beyond your Adult Learner Grant Eligible Program and **wish to postpone your service obligation until after you finish college**. Please have this section completed by an authorized official at your institution. An authorized official is an official of a qualifying institution that has access to the student's enrollment information, preferably an official in the Registrar's office. A qualifying institution is a public or private postsecondary institution that has its primary location in Kansas; postponement will not be approved for non-eligible institutions. Your institution must verify your enrollment in at least six credit hours each semester. You will be required to fill out this form **each semester** you wish to postpone your service obligation due to college enrollment.

College/University Name: \_\_\_\_\_

Undergraduate OR  Graduate Student Anticipated Graduation Date: \_\_\_\_\_

Student is (check one):  Enrolled  Not enrolled

Student is enrolled in (SEMESTER/YEAR): \_\_\_\_\_ Number of hours enrolled: \_\_\_\_\_

*By signing, I certify that the information in Section D is true, complete, and correct to the best of my knowledge and belief, that I am an authorized official of the institution, and that the named individual in Section A is a student of the institution named in Section D.*

\_\_\_\_\_  
Signature of Institution Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Institution Official

\_\_\_\_\_  
Institution Official's Phone Number

\_\_\_\_\_  
Institution Official's Email Address

## SECTION E: REQUEST FOR POSTPONEMENT

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If you are not currently employed in Kansas or are not currently living in Kansas and wish to apply for a postponement of any obligation under your Adult Learner Grant Agreement, this section must be completed and supporting documentation must be submitted. Requests for postponement are reviewed on a case-by-case basis. Postponement will only be approved for reasons permitted by the law.

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

- 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 the nature of medical disability, including the 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** - You must provide a letter explaining your circumstances, along with supporting documentation. Circumstances must generally be unforeseen or out of the individual's control.

REQUESTED PERIOD OF POSTPONEMENT:

I WISH TO REQUEST POSTPONEMENT UNTIL (MONTH/YEAR): \_\_\_\_\_

*If approved, your obligation will be postponed only for the duration of the documented circumstance. Postponement will typically only be approved for up to a year at a time; postponement generally cannot exceed a total duration of five years.*