KANSAS BOARD OF REGENTS

KANSAS TEACHER SERVICE SCHOLARSHIP PROGRAM
2026-2027 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 upload it at sfa.kansasregents.gov (Upload Documents button), mail it to the address at the bottom of the second page or email it to scholars@ksbor.org.

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

Name:_____
LAST NAME FIRST NAME MI MAIDEN NAME

Home Address: _____
CITY ST ZIP

Cell Phone: (_____) _____-_____ Alt Phone: (_____) _____-_____

Personal Email: _____

Work/School Email: _____

Please provide information for two relatives/friends at different addresses who will always be able to contact you:

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

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

College attended (where you received this scholarship): _____

Name of degree received (N/A 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 (or see Section C).

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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 for the 2026-2027 year. If you are not employed in a teacher's position, please see Section C.

Name of School: _____ USD #: _____

School Address: _____

Original Hire Date (for this position): _____ Contract for 2026-2027:_____ through _____
MONTH/YEAR MONTH/YEAR

Employment Status (check one): Full-Time☐ Part-Time☐ Teaching in a classroom:Yes☐ No☐

Grade Level(s): _____Subject(s):_____

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

_____
Signature of Verifying School Official

_____
Printed Name and Title of Verifying School Official

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SECTIONS C AND D ONLY NEED TO BE COMPLETED IF YOU ARE REQUESTING A DEFERMENT

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*)

☐ **Still enrolled in college and working toward completing 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 / YEAR MONTH / 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 schools you applied to specifying there is a hiring freeze or no teaching positions.

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SECTION D: COLLEGE ENROLLMENT VERIFICATION

Must be completed if you are still enrolled in college and working towards your education degree or pursuing an education degree higher than the one you currently have.

College or University Attending:_____

Major/Degree Seeking: _____

Undergrad: ☐ OR; Grad: ☐ Classification (Freshman, Soph, Jr, Sr, other): _____

Anticipated Graduation Date: _____

REGISTRAR'S OFFICE MUST COMPLETE THIS SECTION:

Student is (*check one*): Enrolled ☐ Not enrolled ☐

Number of hours Enrolled: Fall_____ Spring_____

Academic School or Department: _____

School Official's Signature: _____

Printed Name and Title: _____

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