

**Sponsorship Agreement for 2025-2026**  
Kansas Nursing Service Scholarship, K.S.A. 74-3291, et seq.

This Sponsorship Agreement is between:

| <b>SPONSOR</b>                   | <b>STUDENT</b>                 |
|----------------------------------|--------------------------------|
| _____<br>Facility name           | _____<br>Name                  |
| _____<br>Facility Street Address | _____<br>Street Address        |
| _____<br>City, State, Zip Code   | _____<br>City, State, Zip Code |

SPONSOR is located in \_\_\_\_\_ County, Kansas, which is a Rural Opportunity Zone as defined by K.S.A. 74-50,222. SPONSOR is (check one):

- ☐ an adult care home licensed under the adult care home licensure act, K.S.A. 39-923 *et seq.*
- ☐ a medical care facility licensed under K.S.A. 65-425 *et seq.*
- ☐ a home health agency licensed under K.S.A. 65-5101 *et seq.*
- ☐ a local health department as defined in K.S.A. 65-241
- ☐ a mental health or treatment facility
- ☐ a state agency that employs licensed practical nurses or licensed professional nurses.

STUDENT has applied or intends to apply for the Kansas Nursing Service Scholarship administered by the Kansas Board of Regents pursuant to K.S.A. 74-3291 *et seq.* SPONSOR agrees to sponsor STUDENT for the purposes of the scholarship. STUDENT accepts this sponsorship and acknowledges that STUDENT must serve the scholarship's service obligation in SPONSOR's employ, subject to K.S.A. 74-3291 *et seq.* and STUDENT's scholarship agreement with the Kansas Board of Regents.

If the student doesn't work for the sponsor, they must pay back the entire scholarship amount to Kansas Board of Regents.

| <b>SPONSOR</b>     | <b>STUDENT</b>     |
|--------------------|--------------------|
| _____<br>Signature | _____<br>Signature |
| _____<br>Title     | _____<br>Date      |
| _____<br>Date      |                    |

Contact sponsor email address: \_\_\_\_\_

LPN \_\_\_\_ or RN \_\_\_\_

Nursing Graduation Date \_\_\_\_\_

School \_\_\_\_\_