



KANSAS BOARD OF REGENTS
Kansas ROTC Service Scholarship
1000 SW Jackson St, Suite 520
Topeka KS 66612-1368

ROTC STATUS VERIFICATION

As a past recipient of the Kansas ROTC Service Scholarship, you are required to verify your status as a commissioned officer to satisfy your service obligation. If you are not currently in a ROTC program at your university or serving in the Kansas Army National Guard as a Second Lieutenant you will be required to repay your scholarship(s). After completion of this form, please return it to the above address.

SECTION A: NATIONAL GUARD MEMBER INFORMATION

This section is to be completed by you, the recipient of the Kansas ROTC Service Scholarship.

Name: _____
LAST NAME FIRST NAME MI MAIDEN NAME

Street Address: _____

City, State, Zip: _____

Phone Number: __ (____) _____ E-Mail: _____

Provide the names and address of a relative or friend at a different addresses who will always know how to contact you.

Name: _____ Phone: __ (____) _____

Street Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

University Last Attended:

Did you complete your ROTC program?

____ Yes If yes, give date of completion _____
(Month and Year)

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

SECTION B: UNIVERSITY ENROLLMENT VERIFICATION

Must be completed if you are enrolled in college studies leading to a graduate degree program.

University: _____

Address: _____

Department: _____ Anticipated Graduation Date: _____

REGISTRAR MUST COMPLETE THIS SECTION

Period of Enrollment: Academic Year _____ Fall _____ Spring _____

Number of Hours: _____ Academic School or Department: _____

School Official's Printed Name and Title

Signature

Date

SECTION C: KANSAS ARMY NATIONAL GUARD UNIT VERIFICATION

Please have a unit official complete this section.

Name of Unit: _____

Address: _____

Phone Number: __ (____) _____

Serving as a Commissioned Officer ___ Yes ___ No Date Assigned to Unit: _____

Date obligation fulfilled: _____
(4 years after assigned to unit as an officer)

Signature of Unit Commander or Authorized Representative

Typed/Printed Name and Title

Date

Return to:
Kansas Board of Regents
1000 SW Jackson St Ste 520
Topeka KS 66612
loldhamburns@ksbor.org
phone: 785.430.4255
fax: 785.430.4233
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sfa.kansasregents.org