KANSAS CAREER TECHNICAL WORKFORCE GRANT

The purpose of this grant program is to encourage individuals to further their education and provide the benefit of —their employment to the State of Kansas to assist in the development of a strong state workforce in high demand, —critical industry employment fields.

Grants are awarded to students who are Kansas residents and:

- 1. graduated from a Kansas high school accredited by the Kansas State Board of Education; or
- 2. obtained a Kansas State High School Diploma issued upon successful completion of the GED® Test; or
- 3. graduated from a Kansas home school program or a Kansas non-accredited private secondary school as defined and authorized pursuant to K.S.A. 72-53, 100 et.seq; and
- 4. are enrolled in or accepted for admission to an eligible career technical education program*.

*See the list on page 7 for eligible programs operated by a designated Kansas higher educational institution identified as offering a technical certificate or associate of applied science degree program in a high cost, high demand and critical industry field. Designated Kansas educational institutions include technical colleges, community colleges, and public four-year colleges that award associate of applied science degrees; and Washburn Institute of Technology. Only technical certificate and associate of applied science degree programs are included among the eligible programs.

◆ Preference is given to applicants with financial need as measured by the Free Application for Federal Student Aid (FAFSA).

Kansas Career Technical Workforce Grant instructions for NEW or RENEWAL applicants:

- Complete and submit the FAFSA online at fafsa.gov. The priority deadline is April 1.
- Submit the State of Kansas Student Aid Application either online at sfa.kansasregents.org; OR
 Complete the paper version (pages 3-5) and mail to KBOR, Student Financial Aid, 1000 SW Jackson St.
 Suite 520, Topeka, KS 66612. The priority deadline is May 1.
- All applicants must submit the Career Technical Workforce Grant Verification Form completed by an official at their higher educational institution. (See page 8 for the form)

Award Amounts are as follows:

- Maximum award is \$1,000 per year for full-time students (12 or more hours, \$500 per semester).
- 7-11 hours the award is \$800 per year (\$400 per semester)
- 3-6 hours the award is \$500 per year (\$250 per semester)
- ◆ Funding for the program is subject to the availability of resources designated by the Kansas Legislature.
- ◆ Awards are renewable each school year, contingent upon the recipient maintaining:
 - a) satisfactory academic progress:
 - b) continuous enrollment in a high demand, critical industry field;
 - c) submission of a renewal application; and
 - d) the availability of funding.

The priority deadline for applications is May 1 each year.

Approved Programs for the Kansas Career Technical Grant (visit kansasregents.org for more information)

| 2 01 1 | PH 2 1 279 1 1 | | |
|--|---|--|--|
| Accounting/Accounting Clerk | Electrical Technology | | |
| Administrative Assistant | Electrical Transmission System Technician | | |
| Administrative Office Professionals | Emergency Medical Technician- AAS degrees | | |
| Advanced Systems Technology | Farm and Ranch Management | | |
| Agriculture Business | Farmers, Ranchers, and other Agricultural Managers | | |
| Agriculture related majors | Fire Science/Firefighters | | |
| Aircraft Powerplant/Powerplant | Health Information Technology | | |
| Airframe Maintenance | Heavy Equipment Operator | | |
| Associate Degree Nursing/Nursing | HVAC/Heating/Ventilation/Air Conditioning/Refrigeration | | |
| Autobody Collison and Repair | Industrial Maintenance | | |
| Automotive Hybrid & Electric Vehicle | Industrial Maintenance Technology | | |
| Automotive Repair Technology | Industrial Systems/Electromechanical Systems | | |
| Automotive Technology/Auto Mechanics | Information & Network Technology | | |
| Aviation Maintenance Technology | Information Technology | | |
| Building Construction Technology/Building Technology | Machine Technology/Machine Tool Technology | | |
| Building Trades/Carpentry | Mechanical Systems Technology | | |
| Business Administrative Technology | Medical Administrative Technology | | |
| Business Networking & Telecommunications | Medical Assistant | | |
| Business Support Services/Business Technology | Medical Coding/Medical Billing & Coding | | |
| Computer Information Systems | Medical Office Specialists | | |
| Computer Network Technology | Medical Transcription | | |
| Computer Networking Specialist | Metal Fabrication Technology | | |
| Computer Repair/Network | Network Specialist/Technology/Administrator | | |
| Computer Science - Networking Admin | Numerical Control Programming | | |
| Computer Specialist | Nursing - LPN or RN | | |
| Computer Support Specialist - Networking | Nursing Assistant/Aide | | |
| Computer Support Specialist-General | Paralegal | | |
| Computer Support Specialist-Software | Pharmacy Technician | | |
| Computer Support Specialist-Technician | Phlebotomists | | |
| Computer Support Technology | Plumbing | | |
| Computer Systems Networking & Telecom | Paramedic - only AAS degree | | |
| Construction - Carpentry | Precision Machining | | |
| Corrections Officer | Radiography/Computed Tomography | | |
| Criminal Justice Studies-Law Enforcement | Radiology | | |
| Criminal Justice/Police Science | Respiratory Therapists | | |
| Culinary Arts | Sheet Metal | | |
| Dental Assisting | Surgical Technology | | |
| Dental Hygiene | Telecom Equipment Installers and Repair | | |
| Diesel Technology/Diesel Mechanics | Telecom & Network Technology | | |
| Electrical & Power Transmission Installation | Veterinary Technician | | |
| Electrical and Electronic Engineering | Welding/Welding Technology | | |

KANSAS CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM 2023-2024



* CLEADING HIGHER EDUCATION ...

| Student's Last Name | dent's Last Name First Name | |
|---|--|---------------------------|
| | Student's Email Address | |
| | pelow must be completed by the institution's Fina mass Board of Regents, SFA, 1000 SW Jackson St, S | |
| Does the student have a FAFSA on file? | | |
| Did the student receive a Kansas high scl completion of the GED® Test? | hool diploma or a Kansas State High School Diplor | na issued upon successful |
| Is the student considered a Kansas reside | ent at your institution? | |
| Is the student in student loan default? | Does the student owe money to the USDE for a | a Pell overpayment? |
| ◆Please identify the student's technical | certificate or AAS program of study | |
| ♦ And the corresponding CIP Code | | |
| Number of hours enrolled for Fall 2023 s | Number of hours enrolled for NEED ANALYSIS for 2023-2024 | Spring 2024 semester: |
| PELL | NEED ANALYSIS for 2023-2024 | Spring 2024 semester: |
| PELLSEOG | NEED ANALYSIS for 2023-2024 COA | Spring 2024 semester: |
| PELLSEOGStafford Loan | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID | (-) |
| PELLSEOGStafford LoanPerkins Loan | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID | (-) |
| PELL | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID Unmet Need | (-) |
| PELLSEOGStafford LoanPerkins Loan | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID Unmet Need Is the student in | (-) |
| PELL | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID Unmet Need Is the student in | (-) n good standing? |
| PELL | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID Unmet Need Is the student in | (-) n good standing? |
| PELL | NEED ANALYSIS for 2023-2024 COA EFC TOTAL AID Unmet Need Is the student in | (-) n good standing? |
| PELL SEOG Stafford Loan Perkins Loan Federal Work Study Institutional Scholarships Third-Party Scholarships Other Aid TOTAL AID | COA EFC TOTAL AID Unmet Need Is the student in Yes | (-) n good standing? |

2023-2024 STATE OF KANSAS STUDENT AID APPLICATION



LEADING HIGHER EDUCATION *

- Apply online at sfa.kansasregents.org OR;
- Complete this form (pages 3-5) clearly and completely and mail to:
 Kansas Board of Regents, 1000 SW Jackson St, Suite 520, Topeka, KS 66612-1368.
- Some scholarships may require additional forms and documentation; please read the instructions carefully for each scholarship program you wish to apply.

The application must be postmarked by May 1, 2023.

| Student's Social Security Number: | Student's Date of Birth: | / | | | |
|---|---|----------------------|--|--|--|
| Student's Last Name: | First Name: | . MI: | | | |
| Former/Maiden Name (if applicable): | | | | | |
| Street Address: | £. | PO Box/Apt: | | | |
| City: State: Zip: | Email: | | | | |
| Cell Phone Number: () - | Home Phone Number: () | - | | | |
| Which Kansas higher education institution you will a | ittend in 2023-2024: | | | | |
| Residency: Have you lived continuously in Kansas since birth? Yes No | | | | | |
| High School Graduation Year: Name of the Kansas High School you graduated from (N/A if you did not attend high school in Kansas): OR, Year Kansas State High School Diploma was issued upon successful completion of the GED® Test | | | | | |
| Race/Ethnic Group (only required for Ethnic Minority and Teacher Service Scholarship applicants): | | | | | |
| African American | Asian/Pag | cific Islander | | | |
| American Indian/Alaskan Native | Hispanic | | | | |
| Caucasian/Other (not eligible for Ethnic Minority Scholarship) | | | | | |
| STUDENT AGREEMENT: (Please sign and date below) | | | | | |
| I certify that the information provided is complete and conthe description and instructions for each program for which provided will be used to determine my eligibility for stateagree to provide proof of the information that I have given | h I am applying. I also understand that the funded student financial aid. If asked by | e information I have | | | |
| Furthermore, if I am applying for the Kansas Teacher Service Scholarship, Kansas Nursing Service Scholarship, or Kansas National Guard Education Assistance, I understand that there is a service obligation, and if I default on the obligation, the amount of the scholarship I received must be repaid with the interest that has accrued from the date of origination of the award. | | | | | |
| Signature: | Date: | | | | |
| | | | | | |

STATE OF KANSAS STUDENT AID APPLICATION (continued)

On the following pages, fill out the information for each scholarship program you wish to apply for. Please note, some scholarships require additional forms and documentation to be completed.

| | NEW |
|---|---|
| | Have you been accepted for admission into this program? Yes No |
| | What is the length of the program? 9 Months 12 Months 18 Months 24 Months If other length, please specify: |
| | When do you plan to complete your program of study (Month/Year)? |
| | KANSAS ETHNIC MINORITY SCHOLARSHIP |
| | NEWRENEWAL (You received funds last year.) |
| | NEW applicants must have a high school counselor complete the ETHNIC MINORITY SCHOLARSHIP INFORMATION FORM on page 10 of this brochure. |
| | KANSAS MILITARY SERVICE SCHOLARSHIP |
| | NEW RENEWAL (You received funds last year.) |
| 0 | Applicant must have served overseas in any military operation after 9/11/2001 for which they received hostile fire pay. Must be attending a Kansas public institution of higher education (see listing at www.kansasregents.org) |
| | Are you receiving GI Benefits for the current academic year? If yes, which type benefits will you be receiving? |
| | Ch 30 Ch 35 Ch 1606 Post 9/11 |
| | What percent will you receive?% |
| | Number of credit hours you plan to enroll in for Fall 2023: |
| | Number of credit hours you plan to enroll in for Spring 2024: |
| | Number of credit hours you have completed toward your undergraduate degree to date: |
| | KANSAS NURSING SERVICE SCHOLARSHIP (Licensed Registered Nurses are not eligible.) NEW RENEWAL (You received funds last year.) |
| | ALL Kansas Nursing applicants must secure sponsorship from a licensed healthcare or mental health treatment facility, submit a signed Sponsor Agreement, and complete the following items: |
| | Nursing Degree: LPN RN Nursing Program Graduation Date (Month/Year): |
| | Sponsor Name:Sponsor City: |
| | Is your sponsor considered a mental health treatment facility? |
| | KANSAS STATE SCHOLARSHIP |
| | NEW or RENEWAL |
| | To be eligible to apply for the Kansas State Scholarship, in your senior year at a Kansas high school you would have received a letter stating that you were a designated State Scholar by the Kansas Board of Regents. |

STATE OF KANSAS STUDENT AID APPLICATION (continued)

NEW ____ RENEWAL (You received funds last year.)

KANSAS TEACHER SERVICE SCHOLARSHIP

| ALL applicants must complete the TEACHI | ER SERVICE SC | HOLARSHIP | WHIVE on page 17. |
|--|--|--|---|
| New applicants must submit the following supp | porting materials: | | |
| an official copy of all collegiate transci | | | |
| 2. at least one letter of recommendation of | | | |
| 3. a one-page personal statement essay of commitment to teaching in your discipl | | | s, including your personal |
| 4. if a current teacher, a copy of your teacher | | | |
| Renewal applicants only need to submit the for | rm on page 17; no | supporting mate | rials are required. |
| KANSAS NATIONAL GUARD EDUCATIONAL | ASSISTANCE | 10.7 - 10.1 1 | |
| Air National Guard Army National Guard | Rank: | | |
| Unit Name: | | Jnit City: | |
| First date of enlistment (include month/day/year): | | | |
| Expiration Term of Service (ETS) month/day/year: _ | | | |
| Type of degree program enrolled in: Technical | Associate | Bachelor | Other |
| Are you requesting funds for Fall 2023? Yes | No | | |
| Institution attending: | | | Hours enrolled: |
| Are you requesting funds for Spring 2024? Yes | No | | |
| Institution attending: | | | Hours enrolled: |
| Have you applied for Federal Tuition Assistance? | | | |
| Kansas Air or Army National Guard Student Agreement: | | | |
| I hereby agree to adhere to all criteria set forth in Kansas law und | er K.S.A. 74-32, I | 46 through 74-3 | 2, 149 et.seq. and |
| amendments thereto, in applying for and accepting educational as Guard and agree to serve for not less than 24 months upon the corwas received. | sistance benefits a | is an eligible mer | nber of the Kansas National |
| In addition, I agree to provide a transcript of credit hours earned, | including the grad | les for credit hou | rs, to my unit educational |
| officer. I understand that to remain eligible to participate in this completion of degree requirements, maintain a grade point averagin the Kansas National Guard. | | | |
| Furthermore, I, the undersigned, certify that the information on the I understand that the receipt of educational assistance is based on postsecondary institution for any amount not provided by the edu for which I am receiving assistance, I will pay the State of Kansasthis semester. | the availability of cational assistance | funds. I agree to program. If I w | o reimburse the vithdraw from any program |
| The Family Educational Rights and Privacy Act of 1974 (FERPA records and establishes the rights of students to review their educindicates my consent to the release of my unofficial transcripts. I unofficial transcripts identified in this request to either myself or request. This written consent is valid only for this academic year year; this form is not maintained for future use. | ation records. In a understand that th the third-party rec | ccordance with I is signature will ipient(s) (institut | FERPA my signature below authorize the release of the tions) identified in this |
| Signature: | | Date: | |
| | | | |