

## **KANSAS ETHNIC MINORITY SCHOLARSHIP**

The Kansas Ethnic Minority Scholarship is intended to assist high school seniors who will be entering their first year of college in Kansas. Recipients are academically competitive students who identify as members of any of the following ethnic/racial groups: African American, American Indian/Alaskan Native, Asian/Pacific Islander, or Hispanic. Scholarship selection is based on financial need as determined by federal methodology. **Priority is given to applicants who will graduate from high school in 2023.**

**To be eligible for this scholarship, you must meet at least one of the following criteria:**

- 1) ACT score of at least 21 or SAT of at least 1060 - 1090; **or**
- 2) Cumulative high school GPA of 3.00 or higher; **or**
- 3) High school rank in upper 33%; **or**
- 4) Completion of Kansas Scholars Curriculum; **or**
- 5) Selection by National Merit Corporation in any category; **or**
- 6) Selection by College Board as a Hispanic Scholar.

Students who meet one of the minimum requirements comprise the applicant pool and **selection is competitive, based on relative academic strength**. Prior recipients who are undergraduates may receive funds for four consecutive years (five years if enrolled in a designated five-year program). Recipients must attend a college in the state of Kansas (may attend a community college or a four-year public or private college or university) and be enrolled in at least 12 credit hours each semester.

### **ALL applicants for the Kansas Ethnic Minority Scholarship must:**

- Complete and submit the FAFSA online at [fafsa.gov](https://fafsa.gov). The priority deadline is April 1.
- Submit the State of Kansas Student Aid Application either online at [sfa.kansasregents.org](https://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.
- ❖ **NEW applicants** must submit the **ETHNIC MINORITY SCHOLARSHIP INFORMATION FORM** completed by a high school official. The form is on page 10.

**The deadline to apply for the Kansas Ethnic Minority Scholarship is May 1.**

Ethnic Minority scholarship recipients may receive up to **\$1,850 annually (\$925/semester)** based on financial need as measured by Federal Methodology using data submitted on the FAFSA and availability of state funds.

Renewals are students who received this scholarship the prior year; the renewal applicant must complete the FAFSA and the State of Kansas Student Aid Application each school year to receive funding. To be eligible for funding as a renewal you must:

- be enrolled full-time;
- maintain a 2.0 cumulative GPA (measured the previous year enrolled);
- have financial need; and
- maintain satisfactory academic progress.

# ETHNIC MINORITY SCHOLARSHIP INFORMATION FORM



★ LEADING HIGHER EDUCATION ★

***Do not complete this form if you are a renewal applicant and received funds in 2022-2023 for the Kansas Ethnic Minority Scholarship.***

Applicants must complete the FAFSA (fafsa.gov) and submit a State of Kansas Student Aid Application (sfa.kansasregents.org) by May 1 in order to complete their application. Applicants must also submit this form.

To be eligible for this scholarship, you must meet at least one of the following academic criteria:  
ACT score of **21** or SAT of **1060 - 1090**; cumulative high school GPA of **3.00**; high school rank in upper **33%**; completion of **Kansas Scholars Curriculum**; selection as a **National Merit** scholar in any category; selection by College Board as a **Hispanic Scholar**.

*Due to funding limitations, selection priority is given to applicants who will graduate from high school in 2023.*

**THIS FORM MUST BE COMPLETED BY A HIGH SCHOOL OFFICIAL and submitted by May 1, 2023 to:**

***Kansas Board of Regents, Student Financial Aid, 1000 SW Jackson St, Suite 520, Topeka, KS 66612  
Or email completed form to scholars@ksbor.org***

1. Student's Name: _____		2. SSN last 4: _____	
3. High School GPA on a 4.00 scale ( <b>Do not</b> use weighted GPA): _____			
4. Highest ACT Composite Score: _____			
5. Class Rank in High School Graduating Class: _____		6. Class Size in High School Graduating Class: _____	
7. Recognition in ANY National Merit category?		Yes	No
8. Hispanic Scholar designation by the College Board?		Yes	No
<b>9. KANSAS SCHOLARS CURRICULUM</b> Please indicate the number of years the student has completed or will complete in each component.			
<u>Subject Area</u>		<u>Number of Years Completed</u>	
English		_____	
Mathematics		_____	
Natural / Physical Science		_____	
Social Studies		_____	
Foreign Language/World Language		_____	
10. Please enter your 6-digit High School ACT Code _____			
11. _____ High School Official's Signature		_____ Date	

## KANSAS SCHOLARS CURRICULUM

**English - 4 Years.** One unit to be taken each year. Must include substantial recurrent practice in writing extensive and structured papers, extensive reading of significant literature, and significant experience in speaking and listening.

**Mathematics - 4 Years.** Algebra I, Algebra II, Geometry and one unit of advanced mathematics such as Trigonometry or Calculus. (Algebra in 8th grade is accepted)

**Science - 3 Years.** One year each in Biology, Chemistry, and Physics; each of which include an average of one laboratory period a week.

**Social Studies - 3 Years.**

**Foreign Language/World Language - 2 Years.** Two years of one language. Latin and Sign Language are acceptable.

# 2023-2024 STATE OF KANSAS STUDENT AID APPLICATION



LEADING HIGHER EDUCATION

- **Apply online** at [sfa.kansasregents.org](http://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 <b>Kansas higher education institution</b> you will attend in 2023-2024: _____			
<b>Residency:</b> Have you lived continuously in Kansas since birth? Yes _____ No _____ If no, indicate the month and year you began living continuously in Kansas: Month _____ Year _____			
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			
<b>Race/Ethnic Group</b> (only required for Ethnic Minority and Teacher Service Scholarship applicants): _____ African American _____ American Indian/Alaskan Native _____ Caucasian/Other ( <i>not eligible for Ethnic Minority Scholarship</i> ) _____ Asian/Pacific Islander _____ Hispanic			
<b>STUDENT AGREEMENT:</b> (Please sign and date below) I certify that the information provided is complete and correct to the best of my knowledge, and that I have read and understand the description and instructions for each program for which I am applying. I also understand that the information I have provided will be used to determine my eligibility for state-funded student financial aid. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. Furthermore, if I am applying for the Kansas Teacher Service Scholarship, Kansas Nursing Service Scholarship, or Kansas National Guard Education Assistance, <b>I understand that there is a service obligation</b> , 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.

**KANSAS CAREER TECHNICAL WORKFORCE GRANT**

\_\_\_\_ NEW \_\_\_\_ RENEWAL (You received funds last year.)

- ◆ ALL applicants must have their college financial aid office complete the **CAREER TECHNICAL WORKFORCE GRANT VERIFICATION FORM** on page 8 of this brochure.

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

List the career technical program in which you are, or plan to be, enrolled in:

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**

\_\_\_\_ NEW \_\_\_\_ RENEWAL (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.)

- ◆ 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](http://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**.

**KANSAS TEACHER SERVICE SCHOLARSHIP**

NEW \_\_\_\_\_ RENEWAL (You received funds last year.)

◆ **ALL** applicants must complete the **TEACHER SERVICE SCHOLARSHIP FORM** on page 17.**New applicants** must submit the following supporting materials:

1. an official copy of all collegiate transcripts;
2. at least one letter of recommendation on letterhead - academic, or employment-related;
3. a one-page personal statement essay of your academic and teaching goals, including your personal commitment to teaching in your discipline or underserved area; and
4. if a current teacher, a copy of your teaching certificate or licensure.

**Renewal applicants** only need to submit the form on page 17; no supporting materials are required.**KANSAS NATIONAL GUARD EDUCATIONAL ASSISTANCE**

Air National Guard \_\_\_\_\_ Army National Guard \_\_\_\_\_ Rank: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Unit 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 under K.S.A. 74-32, 146 through 74-32, 149 et seq. and amendments thereto, in applying for and accepting educational assistance benefits as an eligible member of the Kansas National Guard and agree to serve for not less than 24 months upon the completion of the last semester for which educational assistance was received.

In addition, I agree to provide a transcript of credit hours earned, including the grades for credit hours, to my unit educational officer. I understand that to remain eligible to participate in this assistance program I must make satisfactory progress toward completion of degree requirements, maintain a grade point average of not less than 2.00 and maintain satisfactory participation in the Kansas National Guard.

Furthermore, I, the undersigned, certify that the information on this form is true and correct to the best of my knowledge. I understand that the receipt of educational assistance is based on the availability of funds. I agree to reimburse the postsecondary institution for any amount not provided by the educational assistance program. If I withdraw from any program for which I am receiving assistance, I will pay the State of Kansas the total amount of assistance of which I have received for this semester.

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records and establishes the rights of students to review their education records. In accordance with FERPA my signature below indicates my consent to the release of my unofficial transcripts. I understand that this signature will authorize the release of the unofficial transcripts identified in this request to either myself or the third-party recipient(s) (institutions) identified in this request. This written consent is valid only for this academic year (2023-2024). A new completed form is required each academic year; this form is not maintained for future use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_