

KANSAS NURSING SERVICE SCHOLARSHIP

The Kansas Nursing Service Scholarship is designed to encourage enrollment in LPN or RN nursing programs for students committed to practicing in Kansas. Recipients sign a promissory note with the State of Kansas to practice nursing at a specific facility one year for each year of scholarship support. The sponsor provides partial scholarship funding and employment upon licensure of the recipient and the State of Kansas funds the balance, unless the sponsor is a mental health treatment facility as they do not provide a share of the scholarship assistance.

- ◆ The Kansas Nursing Service Scholarship program accepts applicants with degrees, but who **have not received** RN licensure.

Kansas Nursing Service Scholarship NEW or RENEWAL application instructions:

- Must be accepted to a Kansas nursing program (pre-nursing will not be funded);
- Secure commitment by an eligible sponsor* licensed by the state to fund up to half of the scholarship (unless they are a mental health treatment facility) and provide full-time employment to the recipient after licensure;
- File the FAFSA online at fafsa.gov, priority deadline: 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.
- Student must be enrolled in 12 credit hours or more each semester.

- ❖ **New recipients must sign an agreement/promissory note with the State of Kansas AND**
- ❖ **Sign a sponsor agreement with an eligible sponsor*.**

Financial need is considered if there are more applicants than available funding.

*An eligible sponsor is any adult care home, psychiatric hospital, mental health or treatment facility, medical care facility, home health agency, local health department or any state agency which employs LPNs or RNs and is licensed by the State of Kansas. Preference in awarding is given to a mental health treatment facility. Mental health treatment facilities do not share the cost of the scholarship assistance.

Renewal applicants are students who received this scholarship the prior year.

Award Amounts

- Recipients enrolled full-time in a Licensed Practical Nurse program are eligible for **\$3,500** each school year.
- Recipients enrolled full-time in a Registered Nurse program are eligible for **\$4,500** each school year.

Sponsors pay from \$1,000 up to one-half of the scholarship (unless they are a mental health treatment facility) and the State of Kansas pays the remaining amount. Each scholarship amount is divided — one half awarded in the fall semester (LPN \$1,750; RN \$2,250) and the second half awarded in the spring semester.

RECIPIENT SERVICE OBLIGATION:

Scholarship recipients work for the sponsor who provided a portion of the funds. The service obligation to Kansas is one year of working full-time for the sponsor for each year of scholarship support.

- ❖ If a recipient is unable to fulfill the service obligation to the state, they will be subject to repaying the state portion of the scholarship they received plus accrued interest at a rate which is equivalent to the interest rate applicable to loans made under the federal PLUS program at the time the agreement was first entered into plus five percentage points (currently that interest rate is 12.54%).

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 attend in 2023-2024: _____

Residency: 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

Race/Ethnic Group (only required for Ethnic Minority and Teacher Service Scholarship applicants):

_____ African American

_____ Asian/Pacific 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 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, **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.

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)

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: _____