

2017-2018 STATE OF KANSAS STUDENT AID APPLICATION



* LEADING HIGHER EDUCATION *

- Apply** online at www.kansasregents.org and pay the \$12.00 non-refundable processing fee **or**
- Complete** this form clearly and completely and mail with the \$12.00 non-refundable processing to the: Kansas Board of Regents, 1000 SW Jackson St, Suite 520, Topeka, KS 66612-1368.
(Make your check/money order payable to KBOR; be sure to include the student's name with payment.)

The application must be postmarked by May 1, 2017

Student's Social Security Number _____ - _____ - _____		Student's Date of Birth ____/____/____	
Student's Last Name _____		First Name _____ MI ____	
If applicable Maiden Name _____			
Street Address _____		PO Box or RR _____	
City _____	State _____	Zip _____	Email Address _____
Home Phone Number () - _____		Cell Phone Number () - _____	
Indicate the higher education institution you will be enrolled in 2017-18 _____			
Student Agreement (Please sign and date below)			
<p>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 State of Kansas scholarship eligibility. If asked by an authorized official, I agree to provide proof of the information that I have given on this form.</p> <p>Furthermore, if I am applying for the Kansas Teacher Service Scholarship or Kansas Nursing Service Scholarship or Kansas National Guard Tuition 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.</p> <p><u>Kansas Air or Army National Guard Student Agreement</u></p> <p>I hereby agree to adhere to all criteria set forth in Kansas law under KSA 74-32,144 thru 74-32, 150 et seq. and amendments thereto, in applying for and accepting education assistance benefits as a eligible member of the Kansas National Guard and agree to incur an additional 3 month membership in the Kansas National Guard for each semester or part thereof, of assistance received.</p> <p>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 education 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 Kansas Board of Regents the total amount of assistance of which I have received for this semester.</p>			
Signature _____		Date _____	

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Complete pages 19 - 21 and questions 1-3 and select a scholarship(s) from question 4.

See each scholarship program instructions for additional requirements and documents.
You may be eligible and apply for more than one program.

1. **RESIDENCY REQUIREMENT** - 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 _____

2. **HIGH SCHOOL GRADUATION YEAR** _____ or
Year _____ Kansas State High School Diploma was issued upon successful completion of the GED® Test

3. **RACE or ETHNIC GROUP** only required for all KS Ethnic Minority and KS Teacher Service Scholarship applicants:

_____ African American _____ Asian/Pacific Islander
_____ American Indian/Alaskan Native _____ Hispanic
_____ Caucasian/Other (not eligible for Minority Scholarship)

4. Select the program(s) you are applying for.

KANSAS CAREER TECHNICAL WORKFORCE GRANT

_____ NEW _____ RENEWAL (You received funds last year.)

Are you a U.S. Citizen? _____ Yes _____ No

Indicate 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 and Year

All applicants must have the institution they will be attending complete the
CAREER TECHNICAL WORKFORCE GRANT VERIFICATION form (page 5) and return it to KBOR.

KANSAS ETHNIC MINORITY SCHOLARSHIP

_____ NEW _____ RENEWAL (You received funds last year.)

NEW applicants must complete the *Ethnic Minority Scholarship Information Form* (page 7).

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 _____ Ch 1607 _____ Post 9/11 _____ (What percent will you receive? _____%)

Number of hours you plan to enroll in for Fall 2017? _____ Number of hours you plan to enroll in for Spring 2018? _____

Number of hours you have completed toward your undergraduate degree to date _____

Expected graduation date _____

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KANSAS NATIONAL GUARD EDUCATION ASSISTANCE

___ NEW ___ RENEWAL (You received funds last year.)

Air National Guard ___ Army National Guard ___ Grade E ___

Unit Name _____ Unit City _____

First date of enlistment (include month/day/year) _____

Expiration Term of Service (ETS) month/day/year _____

Total years of Military Service (round to the nearest year) _____

Type of program enrolled in: Technical ___ Associate ___ Bachelor ___ Other ___

Semester you are requesting funds: Fall ___ and or Spring ___

Are you receiving the Kansas ROTC Service Scholarship? ___

Have you applied for Federal Tuition Assistance? ___

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 facility, submit a signed Sponsor Agreement and complete the following four items:

___ LPN or ___ RN Nursing Program Graduation Date - Month/Year _____

Sponsor Name _____ Sponsor City _____

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 applicants must also complete the TEACHER SERVICE SCHOLARSHIP form (page 15)

Will you be in an undergraduate program _____ or graduate program _____?

New applicants to either an undergraduate or graduate must provide the following additional information:

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

___ RENEWAL (You received funds last year.)

Will you be in an undergraduate program _____ or graduate program _____?

You can apply online at [www.kansasregents.org/STUDENTS/Student Financial Aid/Scholarship and Grants](http://www.kansasregents.org/STUDENTS/Student%20Financial%20Aid/Scholarship%20and%20Grants). Please submit any additional documentation by the priority date.