

KANSAS BOARD OF REGENTS

KANSAS TEACHER SERVICE SCHOLARSHIP PROGRAM 2017-2018 TEACHING STATUS VERIFICATION FORM

As a past recipient of the Kansas Teacher Service Scholarship, you are required to verify your employment as a teacher to satisfy your service obligation. After completing the form, you may mail to the address at the bottom of the second page, fax it to 785-430-4233 or send back as an email attachment to <u>kstewart@ksbor.org</u>.

Name:	SECTION A: Please co					, ,
Cell Phone : () Home Phone: () Personal Email: Work/School Email: Please provide names and addresses of two (2) relatives or friends at different addresses who will always know to contact you. Name: Phone: () Address: Relationship: Relationship: Name: Phone: () Phone: () CITY, STATE ZIP Name: Phone: () College Last Attended: Relationship: Degree Awarded (NA if still enrolled): Degree Awarded (NA if still enrolled): Degree Awarded (NA if still enrolled): Degree Awarded this scholarship? If yes, give date of completion MONTH/YEARNo If no, please attach a letter giving reason for not completing the program. SECTION B: TEACHING EMPLOYMENT STATUS Please have this section completed by a supervising official at the school where you are employed to verifeemployment. If you are not employed in a teacher's position, please spee Section C. (If you are not employed in a teacher's position, please spee Section C. (If you are not employed area or hard-to-fill discipline, please speefy and give reason on a separate paper.) Name of School:	LAST NAME	FIRST NAME	MI	MAIDEN NAME	Date of Birth:	//
Cell Phone : () Home Phone: () Personal Email: Work/School Email: Please provide names and addresses of two (2) relatives or friends at different addresses who will always know to contact you. Name: Phone: () Address: Relationship: Relationship: Name: Phone: () Phone: () CITY, STATE ZIP Name: Phone: () College Last Attended: Relationship: Degree Awarded (NA if still enrolled): Degree Awarded (NA if still enrolled): Degree Awarded (NA if still enrolled): Degree Awarded this scholarship? If yes, give date of completion MONTH/YEARNo If no, please attach a letter giving reason for not completing the program. SECTION B: TEACHING EMPLOYMENT STATUS Please have this section completed by a supervising official at the school where you are employed to verifeemployment. If you are not employed in a teacher's position, please spee Section C. (If you are not employed in a teacher's position, please spee Section C. (If you are not employed area or hard-to-fill discipline, please speefy and give reason on a separate paper.) Name of School:	Home Address:					
Work/School Email:	Cell Phone :()	Home Pho	CITY, ST	, ZIP 	-	
Please provide names and addresses of two (2) relatives or friends at different addresses who will always know o contact you. Name:Phone: ()	Personal Email:					
o contact you. Name:Phone: ()	Work/School Email:					
Name:		ldresses of two (2) re	elatives or frier	nds at different ad	ldresses who will a	lways know
Address:			Phone: () -		
Name:	Address:		I none. (_		nship:	
Name:	ludi 055		CITY, STATE, ZIP		isinp:	
Address:	Name:		Phone: () -		
College Last Attended:	Address:			Relatio	nship:	
Did you complete the teaching degree program for which you were awarded this scholarship?Yes If yes, give date of completionMONTH/YEARNo If no, please attach a letter giving reason for not completing the program. SECTION B: TEACHING EMPLOYMENT STATUS Please have this section completed by a supervising official at the school where you are employed to verify employment. If you are not employed in a teacher's position, please see Section C. If you are not eaching in your underserved area or hard-to-fill discipline, please specify and give reason on a separate paper.) Name of School: USD #:	Degree Awarded (NA if stil	l enrolled):				
MONTH/YEAR No If no, please attach a letter giving reason for not completing the program. SECTION B: TEACHING EMPLOYMENT STATUS Please have this section completed by a supervising official at the school where you are employed to verify employment. If you are not employed in a teacher's position, please see Section C. If you are not employed area or hard-to-fill discipline, please specify and give reason on a separate paper.) Name of School:	Did you complete the teaching	ing degree program f	for which you	were awarded thi	is scholarship?	
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Name of School: USD #: School Address:	If you are not teaching in your up	derserved area or hard-t	to-fill discipline. 1	, pieuse see Secu please specify and gi	on C. ve reason on a separat	e paper.)
School Address:						
School Phone :()	School Address:					
Contract Year:through MONTH/ YEAR MONTH/ YEAR Teaching in a classroom: Yes:No:Grade Level(s):Subject(s): Employment Status (check one): Full-Time: Part-Time: Type of School (check one): Public: Private:Private Non-Profit:				CITY, S	,	
Teaching in a classroom: Yes: No: Grade Level(s): Subject(s): Employment Status (check one): Full-Time: Part-Time: Part-Time: Type of School (check one): Public: Private: Private Non-Profit:	School Phone :()	Startin	ig Date of Emj	pioyment:		
Teaching in a classroom: Yes: No: Grade Level(s): Subject(s): Employment Status (check one): Full-Time: Part-Time: Part-Time: Type of School (check one): Public: Private: Private Non-Profit:	Contract Tear:	tnr	ougn	ONTH/ YEAR		
Employment Status (check one): Full-Time: Part-Time: Type of School (check one): Public: Private: Private: Private Non-Profit:	Feaching in a classroom: Ye	s: No: Grad	le Level(s):	Subi	ect(s):	
Type of School (check one): Public: Private: Private Non-Profit:	Employment Status (check)	one): Full-Time:	Part-	Time:		
Educational Level (check one): Elementary: Middle School: High School:	Type of School (check one)	: Public:	Private:	Private N	on-Profit:	
	Educational Level (check or	ne): Elementary:	Middle Sc	hool: His	h School:	-

Signature of Verifying School Official

SECTION C: REQUEST FOR DEFERMENT

If you are not currently employed in a teaching position and wish to apply for a deferment, this section must be completed. (K.S.A. 74-32,105)

REQU	EST FOR POSTPONEM	ENT FOR THE FOLLOWING R	EASON: (check one)
	Enrollment in Teacher E	Education Program (Complete Sect	tion D, if you are enrolled in school)
	Active Military Service (a termination date.)	must submit statement of military commitme	ent, including enlistment date and expected
	Temporary Medical Disa disability began and is expected	ability (must submit a physician's statemen to end.)	t giving reason for disability and date
	Special Circumstances (S	See below & MUST provide letter explainin	g circumstance)
REQUE	ESTED PERIOD OF DEFEI		
	(No more than 12 months)	FROM: MONTH/ DAY/ YEAR	TO:
÷	e	a hiring freeze or no available	• · · ·

documentation such as a copy of a rejection letter or a letter from the school specifying there is a hiring freeze or no teaching positions.

SECTION D: ENROLLMENT VERIFICATION

Must be completed if you are enrolled in college studies leading to your educational degree or leading to an educational degree higher than the one you currently have.

College or University:		
Address:		
Address: Un	dergrad:	_ OR; Grad:
Classification (freshman, sophomore, juni	or, senior, other):	
Anticipated Graduation Date:		
REGISTRAR MUST COMPLETE THIS	SECTION	
Period of Enrollment:		
Academic Year: Fall:	Spring:	
Academic Year: Fall: Student is (<i>check one</i>): Enrolled	Not enro	olled:
Number of hours: Academic Scho	ol or Department:	
School Official's Signature		
Print Name and Title		
***************************************		***************************************
SECTION E: EMPLOYMENT VEH	RIFICATION	
Complete this section only if you are emp	loyed in a non-teach	ing position.
Employer's Name:		
Address:		
Phone Number: () Job P	osition:	
Employment Status (check one): Full-Tim	e: Pa	rt-Time:

Date of Employment: From_		10	
· · ·	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
Authorized Official's Signatur	re and Title		
Date:			

★ LEADING HIGHER EDUCATION ★