

\* LEADING HIGHER EDUCATION \*

## KANSAS EDUCATION OPPORTUNITY SCHOLARSHIP 2026-2027 TEACHER EMPLOYMENT VERIFICATION FORM

As an applicant for the Kansas Education Opportunity Scholarship, you must verify that you are a dependent of a teacher or paraprofessional in Kansas (pre-K through 12th grade). After completing the form, please upload it and supporting documents at sfa.kansasregents.gov (click the Upload Documents button).

## **SECTION A: APPLICANT INFORMATION**

Applicant Name:  LAST NAME FIRST NAME			DOB:MIMONTH/DAY/YEAR			
Home Address:	LAST NAME	FIRST NAME				
			Alt Phone: (	ST		
Personal Email:						
SECTION B:	TEACHER EMI	PLOYMENT S		*****	*****	
Name of Parent/Le	gal Guardian:	LASTNAME	FIRST NAME	MI	MAIDEN NAME	
Relationship to Ap	plicant:	LAST NAME	TIKST NAIVIE		MAIDEN NAME	
Name of School: _				USI	<b>)</b> #:	
School Address:			CITY	ST	ZIP	
			Contract for 2026-2027:			
			t-Time Teaching (You n	nust be teaching	g in a classroom to qualify)	
Grade Level(s):	Sub	ject(s):				
I certify that the i	ndividual above is a	Teacher or Para	professional (pre-K thro	ugh 12 <sup>th</sup> grad	e) in the State of Kansas.	
Signature of School	Principal or Admini	stration Office: _		Date:		
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## SECTION C: SUPPORTING DOCUMENTS (renewal applicants DO NOT need this form)

## 1) PROOF OF RELATIONSHIP BETWEEN APPLICANT AND TEACHER

a) Provide a birth certificate or a certificate of adoption showing the relationship between the applicant and the teacher. For a stepparent who has not legally adopted the applicant, acceptable documentation would include a marriage certificate between the teacher and the biological/adoptive parent and a birth certificate or adoption certificate with the biological/adoptive parent's information listed.