



Kansas Promise Act Scholarship Acceptance Counseling Form

This document is not a contract. The purpose of this document is to provide a high level overview of the obligations required of students by accepting the Kansas Promise Scholarship.

Student Name: _____ Student ID: _____

In exchange for receiving a Kansas Promise Scholarship, you must agree to live and work in the state of Kansas for two years upon completion of your selected program . This obligation can only be delayed in certain circumstances. All of the obligations required of you as a Kansas Promise Scholarship recipient are more fully described in the legally binding Kansas Promise Scholarship Student Agreement, which you agree that you have thoroughly reviewed, understand, and will sign prior to scholarship funds being disbursed to you.

IMPORTANT: If you fail to complete your Kansas Promise Act eligible program of study within 30 months of the first date of courses you receive the Kansas Promise Scholarship to fund OR you fail to complete the two year living and working in Kansas post-degree/certificate completion obligation, all amounts of Kansas Promise Scholarships that you received will be converted to an Unsubsidized Loan. You must then repay this loan to the Kansas Board of Regents. You will be charged interest from the date the grant(s) was disbursed.

I certify the following:

- I am a Kansas Resident.
- I have completed a FAFSA and any additional required documentation.
- I am enrolled in a recognized Kansas Promise Scholarship Program.
- I will meet Satisfactory Academic Progress Standards, if not I will lose future eligibility.
- I will sign a Kansas Promise Scholarship Student Agreement.
- I know the consequences to this scholarship if I do not meet the requirements set forth.
- I have met with the staff of the Financial Aid Office and understand this state of Kansas program.

I understand that there is an obligation to live and work in Kansas for two consecutive years within six months of completing my educational program for accepting a Kansas Promise Scholarship. I understand that if I default on the obligation in any of the manners identified in the Kansas Promise Scholarship Agreement, the amount of the scholarship I received **must be repaid** with accrued interest.

Student Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

Office Use Only

Year/Term _____ Award Amt _____ Entered By _____ Date _____

Comments _____
