

Office Use Only	
Ck #	_____
MO	_____
Other	_____

**STATE OF KANSAS STUDENT AID APPLICATION**  
**Signature/Processing Fee form**

In order for the Kansas Board of Regents to process the information you entered online, you **must sign and return this form with a \$12.00 non-refundable processing fee.** Make your check or money order payable to **KBOR**; please include the student's name on the memo line. Do not send cash or coins. **NOTE:** Please pay the correct amount. Mail first class, regular delivery to:

**Kansas Board of Regents**  
**Student Financial Assistance**  
**1000 SW Jackson St, Ste 520**  
**Topeka KS 66612-1368**

**Signature/Release of information**

I have read the description and instructions for each program for which I am applying.

Printed Name	SSN
Student Signature	Date

Enter the confirmation number you received after submitting your application (if available): \_\_\_\_\_

**Enclosed \$12 Processing Fee**

\_\_\_\_ Check  
 \_\_\_\_ Money Order

If you applied as a **NEW applicant** for KS Ethnic Minority Scholarship be sure to have a high school official complete the high school information form.

**New** Kansas Teacher Service Scholarship applicants must also: complete the KANSAS TEACHER SERVICE SCHOLARSHIP FORM; send an official copy of all academic transcripts; at least one letter of recommendation - academic, or employment-related; a personal statement of academic and teaching goals; and if a current teacher, submit a copy of your teaching certificate or license.