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TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

Scholarship Granting Organization Renewal of Compliance Calendar Year 2024

Due December 1, 2023

Please indicate whether your SGO will be participating in the program in 2024 and sign.

_____ The _____ (Name of SGO) **will not** be participating in the Tax Credit for Low Income Students Scholarship Program in 2024. Please remove our organization's name from the list of certified Scholarship Granting Organizations.

_____ The SGO **will be** participating in the Tax Credit for Low Income Students Scholarship Program in 2024. We certify that _____ (Name of SGO) will operate in compliance with K.S.A. 72-4351 through 72-4357 and amendments thereto, and the Guidelines/Rules and Regulations provided by the Kansas State Department of Education.

Chief Executive Officer of Scholarship Granting Organization

Date

Secretary of Scholarship Granting Organization

Date

Please list your current contact information below:

Name of SGO _____

Address of SGO _____

Chief Executive Officer _____

Person of Contact for Program _____

Telephone Number _____

E-Mail Address _____