

TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

Scholarship Award Report School Year 2022-2023

(Due no later than December 2, 2022)

Name of Scholarship Granti	ng			
Organization				
Address of SGO				
Telephone Number of SGO				
Please provide the informati Kansas State Department of 900 SW Jackson St, Suite 35 Topeka, KS 66612	Education	omit by due o	late via mail to:	
Date of Report:				
Please include any eligible scholarship and reason wh			_	lid not accept the
Name of Student	Scholarship Period: August, January Semester or Both	New or Returning Scholarship Recipient	Qualified Private Schoo	Amount of Scholarship
				\$
TOTAL				\$
Chair of Scholarship Granting	Organization		Date	
Chair of Scholarship Granting Organization Date				



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				\$
TOTAL				\$



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Name of Student	Scholarship Period: August, January Semester or Both	New or Returning Scholarship Recipient	Qualified Private School	Amount of Scholarship
				\$
TOTAL				\$



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Name of Student	Scholarship Period: August, January Semester or Both	New or Returning Scholarship Recipient	Qualified Private School	Amount of Scholarship
				\$
	+			
	+			
	-			
TOTAL		l		\$



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Name of Student	Scholarship Period: August, January Semester or Both	New or Returning Scholarship Recipient	Qualified Private School	Amount of Scholarship
				\$
	+			+
	+			
	+			
	_			_
	+			
	+	-		+
	+			
TOTAL				\$



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				\$
		+		
		+		
		-		
TOTAL				\$



TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM Eligible students not offered or did not accept a scholarship School Year 2022-2023

(Due no later than December 2, 2022)

N. CG. 1	4 41	0 15 15	
Name of Student	Application Semester: August or January	Qualified Private School	Reason for not offering/accepting scholarship