



Division of Fiscal and Administrative Services

Kansas State Department of Education
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TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

Scholarship Granting Organization Renewal of Compliance

Calendar Year 2020

Please indicate whether your SGO will be participating in the program in 2020 and sign.

_____ The _____ (Name of SGO) **will not** be participating in the Tax Credit for Low Income Students Scholarship Program in 2020. 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 2020. We certify that _____ (Name of SGO) will operate in compliance with K.S.A. 2018 Supp. 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