TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

REQUEST FOR PARTICIPATION
QUALIFIED PRIVATE SCHOOL

Please accept this form as official notification that the below named school, a private school located in Kansas, meets the eligibility criteria of the Tax Credit for Low Income Student Scholarship Program as provided by K.S.A. 72-4351 through 72-4357 and amendments thereto, and would like to participate in the program and will comply with the rules and regulations of the program.

CONTACT INFORMATION FOR QUALIFIED PRIVATE SCHOOL

Name of Qualified Private School: ________________________________________
Address: _______________________________________________________________
Telephone Number: _______________________________________________________
Accrediting Agency: _____________________________________________________
Chairperson: ____________________________________________________________

_____________________________________________  ____________________
Chief Administrator of Qualified Private School   Date

This form should be submitted to the Scholarship Granting Organization and State Board of Education.

The Request for Participation form must be notarized below by an official notary public.