

Kansas Promise Act Scholarship Decline

Student Name:	Student ID:
-	e Kansas Promise Scholarship and have received the Kansas Promise sceptance and/or return the Kansas Promise Scholarship dollars I have
 I certify I understand that I am eligible for the Kansas Promise Scholarship Act but wish to decline the scholarship offer. Amount of Kansas Promise Scholarship funds the student is returning/declining: 	
Student Signature:	Date:
Financial Aid Signature:	Date:
Office Use Only	
Year/Term Award Amt	Entered By Date
Comments	