



Kansas Promise Act Scholarship Decline

Student Name: _____

Student ID: _____

- I understand I am eligible for the Kansas Promise Scholarship and have received the Kansas Promise Scholarship. I wish to waive acceptance and/or return the Kansas Promise Scholarship dollars I have been awarded

- 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: _____

I understand if funds have been disbursed to my student account, they will be removed, and I am responsible for any charges or balance due to the institution.

Student Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____

Office Use Only

Year/Term _____ Award Amt _____ Entered By _____ Date _____

Comments _____
