



Kansas Investments Developing Scholars (KIDS) Program Application

Use this application to apply for the State of Kansas' college savings matching grant program. Return this application along with your completed Learning Quest Application for new account owners to the Kansas State Treasurer's Office, 900 S.W. Jackson #201, Topeka, KS, 66612-1235.

Participant Information:

List the Participant(s) who will be the account owner(s) of the Learning Quest Account. If you list more than one person, each person must meet the eligibility requirements of the KIDS Program.

Participant's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Participant's Address _____

City _____ State _____ Zip _____ Congressional District _____

Daytime Phone Number _____ Evening Phone Number _____

Joint Participant's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Joint Participant's Address _____

City _____ State _____ Zip _____

Beneficiary Information:

List the beneficiary(s) whose education expenses can be paid from the account(s). You may name more than one beneficiary. You will only receive on matching grant. The matching grant will be automatically allocated to your accounts based on the first \$600 contributed to your accounts. If you have already contributed to existing account(s), we will allocate the grant equally across your accounts.

Beneficiary's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Beneficiary's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Beneficiary's Name _____
(First, Middle Initial and Last Name)

Social Security Number _____ - _____ - _____

Learning Quest Account Information:

Select One

I have an existing Learning Quest account for the beneficiary(s) listed on the previous page and request that my current year contributions be moved to my new KIDS Participant Account(s).

Current Learning Quest Account Number _____

Current Learning Quest Account Number _____

Current Learning Quest Account Number _____

The Participant(s) and beneficiary(s) named on the previous page must be the same individual(s) listed on the Learning Quest account(s). If these individuals are not the same, complete a new Learning Quest Application.

I have completed and enclosed a Learning Quest Application.
A Learning Quest Application must be completed for each beneficiary.

Household Information:

Please list all individuals, including the Participant(s), living in the household and provide their Federal Adjusted Gross Income for the previous calendar year, if any. Attach a copy of the Federal income tax return for the previous calendar year filed by all household members with income.

Name	Adjusted Gross Income
Participant	\$ _____
Joint Participant (if residing in the same household)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

If the Joint Participant resides in a household different than the Participant, please list the members of the Joint Participant's household and their incomes separately and provide a copy of their Federal Income Tax Return for the previous calendar year.

Name	Adjusted Gross Income
Joint Participant	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Signature(s)

By signing this application, the undersigned certify that all the information contained herein is accurate and that the undersigned has read and understood the KIDS Program Description.

Participant _____ Date _____

Joint Participant (if residing in the same household) _____ Date _____

For Official Use Only

Approved by _____ Date _____