Alaska Commission on Postsecondary Education
P.O. Box 110505, Juneau Alaska 99811-0505 • Institutional Authorization • (907) 465-6763 • FAX (907) 465.5316 • AKadvantage.alaska.gov

Application and Certification

Application and Certification is required for all institutions requesting to administer Alaska Performance Scholarship funds. A complete application must be received by ACPE no later than June 30th of the year preceding the academic program period for which eligibility is requested.

In addition to this application, all non-accredited, non-authorized schools must submit copies of the following documentation:

a. Audited financial statements for the most recently completed fiscal year, **OR**
b. Educational Institution Surety Bond (contact ACPE to determine amount)

Part I: Institutional Information

1.) Institution name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2.) Phone number: _____ **3.)** Web address: _____

4.) Contact information for primary and secondary points of contact for APS program participation administration.

Primary contact name: _____

Phone number: _____

Address: _____

City: _____ State: ____ Zip Code: _____

E-mail: _____

Secondary contact name: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Part II: Accreditation and Authorization

5.) Name of institutional accrediting authority *(if applicable)*: _____

6.) Current institutional status with ACPE:

☐ Authorized ☐ Exempt ☐ No established status

7.) Complete list of all program credentials, program accreditations and other third-party approvals or endorsements (attach additional pages as needed):

Institutions currently accredited by a body recognized by the U.S. Department of Education or authorized by ACPE to operate in Alaska may skip to Part IV: Certification. Non-accredited, non-authorized schools must complete Part III: Organization Description.

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Part III: Organization Description

8.) Ownership type (proprietorship, corporation, public, non-profit etc.): _____

9.) Number of years operating as a school in Alaska: _____

10.) Mission statement:

11.) Name of owner or CEO: _____

12.) Address of owner or CEO, if different then school address: _____

City: _____ State _____ Zip Code _____

Part IV: Certification

13.) CERTIFICATION UNDER PENALTY OF PERJURY

I, the undersigned, hereby affirm the information provided in this Program Participation Agreement is complete and accurate and that I am authorized to bind _____ (name of institution) in this Program Participation Agreement. I further affirm that the institution will administer all APS funds awarded for attendance at this institution in accordance with the applicable statutes and regulations, and in accordance with program policies regarding:

- Fiduciary responsibility for APS funds.
- Timely disbursement of funds to eligible students and the return of funds that cannot be promptly disbursed.
- Appropriate documentation of student identity, student eligibility, the amount disbursed, and
- date(s) of disbursement.
- Reporting of GPA, graduation, and other outcomes-related information.
- Availability of student, administrative, and financial records for inspection by state officials.
- Immediate notification to ACPE regarding any changes in staff with APS-related responsibilities.
- Participation in the National Disbursement Network (NDN).

I further understand that my institution is subject to compliance audits relative to APS participation and agree to cooperate with any such audit.

Signature: _____ Date: _____

Printed name: _____ Title: _____

This certification must be signed by the institution's CEO or senior financial aid official. APS statutes and regulations are available from ACPE or online at AKadvantage.alaska.gov. Do not make this certification if you have not read or do not fully understand the applicable statutes and regulations (AS 14.43),(20 AAC 16), and Department of Labor regulations (8 ACC 81).