



Program Participation Agreement (PPA) Form
General Institution Information

Name of Institution

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Financial Aid Contact Name

Title

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Email

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Telephone

Facsimile

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Street Address

Mailing Address

Certification to Terms and Conditions of Participation
by Chief Executive Officer/Principal Owner

I hereby certify that I have read, understand, and agree that the above named institution will comply with Alaska statutes¹ and regulations² and with the terms and conditions of the Program Participation Agreement including institutional compliance audit as described in 20 AAC 15.924(a).

Signature of President/Owner

Date

Printed Name and Title

Telephone

If you have any questions regarding the completion of this form, please contact the School Representative, at 1.866.427.5638 or by email at SchoolRep@alaska.gov.

¹ AS 14.43, *Financial Aid Programs for Postsecondary Students*, <https://akadvantage.alaska.gov/Portals/0/Content/ACPEStat051710.pdf>.

² Regulation Chapter 15, *Student Financial Aid*, <https://akadvantage.alaska.gov/Portals/0/Content/ACPEREG.pdf>