



Alaska Performance Scholarship (APS)
Accelerated Enrollment Verification Form

This form is to attest to ACPE and your institution’s financial aid office that your enrollment status will qualify you to receive APS funding on an accelerated schedule. Please complete and sign the form and return it to ACPE@alaska.gov, or to the above address.

An APS recipient may request scholarship funds on an accelerated basis whereby the standard four year/eight semesters (or its equivalent) of funding is compressed into a three year/six semester timeframe. An APS recipient seeking an accelerated award must meet the following credit completion requirements:

- 1. In the **first year** of enrollment, complete **36** semester hours (or the equivalent); and,
- 2. In each of the next **two years** of enrollment, complete **45** semester hours.

In addition to the accelerated credit completion requirements, all APS recipients must have a **2.0 grade point average (GPA)** after their first year of attendance and a **2.5 GPA** in each subsequent year to maintain eligibility.

1) I will be enrolled on an accelerated basis in the following school year:

Circle one: 2017-2018 2018-2019

2) I am a first year enrollment student completing **36** semester hours (or the equivalent) – OR – I am a returning student completing **45** semester hours (or the equivalent):

Circle one: 36 Semester Hours 45 Semester Hours

3) Please list the credit hours for each individual semester in which you will be enrolled in the academic year.

Fall _____ Credits Spring _____ Credits Summer _____ Credits

I understand that my failure to complete the minimum credits required for continued eligibility for an accelerated APS award will result in my becoming ineligible for future receipt of the APS until I complete the required number of credits and/or achieve the applicable minimum GPA.

My signature below is my acknowledgement that I understand the requirements associated with accelerated use of my APS award and the consequences of failing to meet the requirements.

Name (Please print)

Telephone/Email address

Signature

Date

This information will be shared with the institution certifying your enrollment.

For agency use School Code:

Student ID: