



## APS Alternative Application for Non-Title IV\* Schools

\*Title IV schools participate in federal aid programs. This application is required for students planning to attend a non-Title IV school who wish to apply for the Alaska Performance Scholarship (APS). All other APS applicants must submit the Free Application for Federal Student Aid (FASFA).

A completed application must be submitted by the June 30 deadline to be considered for an award for the following academic year.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_ Alaska driver's license number: \_\_\_\_\_

Name of postsecondary institution you plan to attend: \_\_\_\_\_

Anticipated enrollment start date: \_\_\_\_\_ Anticipated enrollment end date: \_\_\_\_\_

Program of study: \_\_\_\_\_

Not all programs at your institution may be eligible for APS funding. Check with your institution regarding the program you plan to enroll in.

The following information is collected for mandatory program outcomes reporting required by statute.

Ethnicity:			Gender:	Marital status:
Native Hawaiian/Pacific Islander <input type="checkbox"/>	Hispanic <input type="checkbox"/>	White <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>
American Indian/Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Two or more races <input type="checkbox"/>	Male <input type="checkbox"/>	Married <input type="checkbox"/>
Black/African American <input type="checkbox"/>				Separated <input type="checkbox"/>
				Divorced/Widowed <input type="checkbox"/>

Do you have minor children to support? Yes  No

Do you receive, or have you in the past received benefits from any of the following programs? (check all that apply)

National free reduced lunch program <input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) <input type="checkbox"/>
Food stamps <input type="checkbox"/>	Women, Infants and Children (WIC) <input type="checkbox"/>

My signature below is my certification that the information I report in this application or any other document provided by me in connection with this application is true, correct, and complete to the best of my knowledge. I understand disclosure of the applicant's social security number (SSN) is required as a condition for participation in the scholarship program and will be used to verify the identity of scholarship applicants. The Alaska Commission on Postsecondary Education (ACPE) may require the SSN under Section 7(a)(2) of the Privacy Act of 1974 (Pub. L.93-579). I authorize the release of information between the ACPE, state and federal entities, and educational institutions, their contractors, transferees and assignees, and agree that such information exchanged may include, but is not limited to eligibility, financial, enrollment, academic status, identification, residency, and location information necessary to assure proper administration of the program (s) and any resulting research. I understand that any willfully false statements made herein constitute fraud. I further certify that I am a US citizen or resident alien and an Alaska resident.

Applicant signature

Date