



2017 Financial Assistance Application

Alaska Business Week (ABW) strives to make its program available to all high school students. To help those unable to pay the entire registration fee, ABW offers a limited number of assistance plans. Aid is needs-based and both the program and financial assistance applications must be received for consideration. Please note that ABW does not award 100% assistance.

Financial assistance applications must be submitted by June 23. Once you have submitted your application, ABW staff will notify you by email within 5 business days regarding your application status. If approved, the amount of your reduced tuition will be listed. After approval, acceptance to the program is still pending until the reduced tuition is paid in full or a payment plan has been set up.

Please complete this application in its entirety or it will not be considered.

To be completed by the Parent/Guardian

| | | | | |
|----------------------|---------------------|----------------------|-------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Student Name | Mailing Address | City | State | Zip Code |
| _____ | _____ | _____ | | |
| Parent/Guardian Name | Parent Phone Number | Parent Email Address | | |

An application for the program has been submitted

How many HOUSEHOLD members are employed? _____

| | |
|-----------------|------------------|
| <u>Employer</u> | <u>How Long?</u> |
|-----------------|------------------|

Self: _____

Spouse: _____

Student: _____

Other: _____

(Please note, if your total household income is above \$5,000/month you might not be eligible for financial assistance)

Total monthly wages of all working HOUSEHOLD members (before taxes): \$_____

Other monthly income (Child Support, Public Assistance, Unemployment, Social Security, etc.) \$_____

Number of people in the HOUSEHOLD supported by this income: _____

Does the student qualify for a school lunch program? Free/Reduced No

Do you receive any of the following? (Check all that apply) AFDC SSI/SSD Social Security
 Housing subsidy Subsidized meals

*Please continue application on back

All financial assistance applications are treated with confidentiality. Participants who receive financial assistance are enrolled and included in the program with no regard to their financial status.

Parent/Guardian continued

Extenuating Circumstances: (check all that apply and describe your circumstances in the explanation section below).

- | | |
|--|---|
| <input type="checkbox"/> Extensive Medical Bills | <input type="checkbox"/> Disability/Illness |
| <input type="checkbox"/> Single Income | <input type="checkbox"/> Loss of Job |
| <input type="checkbox"/> Participant is a foster child | <input type="checkbox"/> Unusual expenses |
| <input type="checkbox"/> Other (please describe below) | |

Please explain why you would like to be considered for financial assistance, including any extenuating circumstances checked above. (Attach an additional sheet if more space is needed)

I hereby acknowledge that all the included information is truthful and accurate to the best of my knowledge. I understand that falsification of any information regarding my financial status will disqualify my student from receiving financial assistance.

Parent/Guardian Signature

Date

To be completed by the Student

Although financial aid is based on need, we require students to give a short explanation on why they are interested in attending ABW. This is to ensure that students receiving program aid are interested in fully participating and learning during the week. Please have the student write a paragraph below outlining why they want to attend ABW.

I hereby acknowledge that I am interested in attending and participating in ABW as outlined above.

Student Signature

Date

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Alaska Business Week
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