Alaska Commission on Postsecondary Education



P.O. Box 110505 Juneau, Alaska 99811-0505 Toll Free: (800) 441-2962 • TDD: (907) 465-3143 In Juneau: (907) 465-2962 • Fax: (907) 465-5316 acpe.alaska.gov

Program Participation Agreement Alaska Performance Scholarship

The Program Participation Agreement 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 form, all non-accredited, non-authorized schools must submit copies of the following with this form:

] Audited Financial	statements for the	most recently con	pleted fiscal year.	, OR
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Educational Institution Surety Bond (contact ACPE Institutional Authorization staff to determine amount)

Institutional Information

Name of Institution:					
Address of Institution:					
Phone Number:		Web Address:			
Contact information for pr	imary and secor	ndary points of contact	for APS program pa	articipation administratior	1:
Primary Contact Name:			Secondary Contact Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone Number:			Phone Number:		
Email Address:			Email Address:		
Accreditation and Autho	rization				
Name of institutional accre	diting authority	(if applicable):			
Current institutional status	with ACPE:	Authorized	Exempt	No established sta	itus
Complete list of all progra pages as needed):	am credentials, j	program accreditations	and other third-part	y approvals or endorseme	ents (attach additional

Alaska Commission on Postsecondary Education	Alaska Commission of P.O. Box 11050 Juneau, Alaska 99811-050 Toll Free: (800) 441-2962 • TDD: (907) 465-314 In Juneau: (907) 465-2962 • Fax: (907) 465-531 acpe.alaska.go
Organization Description (Non-accredited, n Ownership Type:	Number of years operating in AK:
Mission Statement:	
Name of Owner or Administrative Official:	
Address:	
Phone Number:	Email Address:

Certifications and Representations

I, the undersigned, hereby affirm the information provided in this Program Participation Agreement is complete and accurate and that I am authorized to bind the institution listed above in this Program Participation Agreement Renewal. 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, including:

- 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 dates 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)
- Availability of counseling related to course selection, career choice, and personal challenges for incoming students
- Courses and credits result in the issuance of a degree or certificate available at the institution within a time frame expected for that degree or certificate

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

Signature of Owner or Administrative Official:

Title of Administrative Official:

This agreement must be signed by the institution's CEO or senior financial aid official. APS statutes and regulations are available from ACPE or online at acpe.alaska.gov. Do not sign this document if you have not reviewed the applicable statutes and regulations that govern the APS program and Institutional Authorization (AS 14.43, 20AAC 16) as well as the Department of Labor regulations (8AAC 81).

Date: