



Alaska Business Week 2012 Financial Assistance Application

Our goal is to ensure that every student is given the opportunity to attend the program. Financial assistance is available to families who cannot afford the full \$450 registration fee. These funds are provided by our contributors and are limited. To request financial assistance, please completely fill out the information below. If information is missing, the application for financial assistance will not be considered. All financial assistance applications should be submitted with the registration to attend the program as early as possible, but no later than June 25th, as funds are limited.

TO BE COMPLETED BY THE PARENT/GUARDIAN

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

Student Name

Mailing Address

City State Zip

Parent/Guardian Name

Parent (Area Code) Phone Number (Area Code) Cell Phone

Parent Email address

An application for the ABW program has been submitted.

Are you currently employed? Yes No

If yes, where? _____ How long? _____

Is your spouse currently employed? Yes No n/a

Total monthly wages of all working adults in household (before taxes): \$ _____

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

Number of adults supported by this income: _____

Number of dependents 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

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

Extensive Medical Bills (Hospital / Doctor / Prescriptions)

Disability / illness

Single Income

Loss of Job

Participant is a Foster Child

Unusual expenses

Other – please describe

THIS EXPLANATION IS REQUIRED – Please explain why you would like to be considered for financial assistance, including any special financial circumstances or extraordinary monthly expenses. (Attach an additional sheet if more space is needed.)

PLEASE PRINT.

Based on your explanation above, how much of the \$450 registration fee do you feel your family can pay? \$ _____

This amount cannot be guaranteed, but will help in our determination of your award. Families are expected to participate by paying a portion of the registration fee.

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 Signature

Date

Please send this form to:
Alaska Business Week
c/o Washington Business Week
33305 1st Way South, Suite B-212
Federal Way, WA 98003
Fax: (253) 815-6985
E-mail: registrar@wbw.org

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