



**ALASKA PERFORMANCE SCHOLARSHIP PROGRAM
Appeal Form for Public School Students**

AS 14.03.113. District determination of scholarship eligibility.

A district shall provide a student with an opportunity to request that the district correct an error in the eligibility determination.

The following information is required for the school district to evaluate your appeal to receive an APS scholarship. Complete this form and return it to your school district. Please print to ensure information is legible.

Last Name _____ First Name _____ M.I. _____
DOB _____ AKSID _____
Permanent Mailing Address _____ City _____
State _____
Zip _____ Home Phone _____ Cell Phone _____
Email _____

Did you meet the minimum test scores of ACT 21 or SAT of 1450 or WorkKeys Level 13 (no score below a 4 in each subject area)? Yes _____ No _____

My ACT score is _____ My SAT score is _____ My WorkKeys score is _____ My GPA is _____

Did you meet the curriculum requirements for your class year? Yes _____ No _____

Were your requirements met by high school graduation? Yes _____ No _____

Provide a concise statement identifying the reasons supporting a reversal or modification of the school district's eligibility determination. **Note:** Failure to meet APS requirements for reasons other than those allowed for under the statutes and regulations governing the APS does not entitle the applicant to a reversal or modification of eligibility. You may use a separate sheet of paper.

Provide documents, papers, or other materials that support a reversal or modification of the districts eligibility determination. This may include:

- ACT and/or SAT score report (s) (an official copy from the ACT/SAT)**
- WorkKeys score (if taken outside of the school district)**
- Statement**
- Transcript**

Student Signature _____ Date _____

School District Review and Signature _____ Date _____

School District should submit this Signature form and record change to:

Shari Paul, APS Program Coordinator
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Phone: 907.465.6535
shari.paul@alaska.gov