



CARES Act Distance Learning Subsidy Program Application

Please complete only one application per family.

If you have any questions please email NSBCARES@north-slope.org or call 907-852-0204 between the hours of 9am to 5pm, Monday through Friday.

1. Full Name (Parent or Legal Guardian)

First Name: _____ Last Name: _____

2. Physical Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

3. Mailing Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

4. Phone Number: (____) ____ - _____

5. Email: _____

6. Who is your internet provider:

ASTAC

GCI

Other: _____

7. Provide information about your internet account.

Account Holder's Name: _____

Account # (if available): _____

PLEASE LIST ALL Your STUDENTS PARTICIPATING IN NSBSD DISTANCE LEARNING CURRICULUM THAT REQUIRES INTERNET ACCESS:

8. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August

September

October

November

December

9. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August September October November December

10. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August September October November December

11. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August September October November December

12. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August September October November December

13. a) Student Information:

First Name: _____ Last Name: _____

School: _____ Grade: _____

b) What months did your student(s) participate in distance learning requiring an internet connection?

August September October November December

I attest that the information provided in this application is correct and complete. I understand that falsifying information or purposely providing incorrect or misleading information will disqualify me from receiving this subsidy.

Once submitted the application cannot be retrieved for modification, please contact NSBCARES@north-slope.org for assistance if there is an error. Please retain a copy for your records in the event that you have any questions regarding your application. If you have any questions, you may contact North Slope Borough at (907) 852-0200.

Signature Date

FAMILY NAME