

Friends of Alaska CASA
PO Box 242484
Anchorage AK 99524

TRAVEL SCHOLARSHIP REQUEST

Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone Number

Work Phone Number

Cell Phone Number

Email: _____

Best way to contact you: _____

Best time(s) to contact you: _____

I am a CASA Volunteer FAC Board Member Other _____

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Event Information:

Event: _____

Date(s) of Event: _____

Location: _____

Host Hotel: _____

Is the event being held at the Host Hotel? Yes No

If no, where is the event being held? _____

Does the event have any special discounts? _____

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Traveler Information

I am requesting a scholarship for (check all that apply):

Registration Fee(s) Mileage to the Event Airfare

Lodging Meals/Per Diem Other: _____

Complete all Applicable:

For Airfare Scholarships

Name as it appears on your driver's license/passport:

Date of Birth: _____ AK Air Mileage #: _____

TSA Pre-Check # (if available): _____ Seat Preference: _____

For Lodging Scholarships

- I smoke I do not smoke I snore I do not snore I'm a night owl
- I am a light sleeper I can sleep through anything I am outgoing I am shy
- I like to go to sleep early I'm an early riser I hate getting up in the morning
- I would love to bunk with: _____

Other Important Information – Is there anything else we need to know before booking your travel?

By signing this document I acknowledge that I have read the FAC travel policy and agree to follow it. I further agree to use the funds as per the FAC policy and acknowledge that I am responsible for providing full and complete receipts to FAC within ten (10) days of completion of the trip. I understand that if I fail to follow the policy, including submission of receipts, I may be liable to reimburse FAC for the full amount of any and all monies expended on my behalf.

Signature

Dated

Remit your completed applications AT LEAST 30 days prior to travel to:

(907) 543-2046 FAX

Or

factravel@friendsofalaskacasa.org