



Route 2 Box 1, Ketchikan, Alaska 99901

**2020 CARES Act Student iPad Assistance Program**

The 2020 CARES Act Student iPad Assistance Program is designed to provide economic assistance to City of Saxman residents in grades K – 12<sup>th</sup> grade who have to facilitate distance learning. The Ketchikan Gateway Borough School District plans to open schools in the fall 2020 under an umbrella on site learning, distant learning or other options as they complete their Smart Plan. The KGBSD recommends the purchase of iPads to enhance students learning opportunities at home. The iPad will assist with having to carry a device back and forth to school during low risk times of being able to attend in person to add to the benefits of having a reliable decide at home at times the district should move in to a high risk level.

- Completed application must be submitted no later than **September 18, 2020**.
- Please complete the following information for your child and/or children under your guardianship including the child's **full legal name**. The initial budget for this program is \$10,000.

<b>Child 1:</b>	_____	<b>Grade:</b>	_____	<b>Age of Child:</b>	_____
<b>Child 2:</b>	_____	<b>Grade:</b>	_____	<b>Age of Child:</b>	_____
<b>Child 3:</b>	_____	<b>Grade:</b>	_____	<b>Age of Child:</b>	_____
<b>Child 4:</b>	_____	<b>Grade:</b>	_____	<b>Age of Child:</b>	_____

**Application Agreement**

- I certify that my child/children listed above are under my guardianship and are permanent residents of the City of Saxman.
- I certify that I reside within the Saxman City Limits.
- I hereby request a one-time COVID-19 distribution of an iPad to my child/children.
- This device will be used by my child/children for the purpose of their KGBSD education.
- I understand that COS will not provide technical support, warranty, or replacement for any of these devices.
- I certify I have not received other COVID funding for these expenses whether through the City of Ketchikan, Ketchikan Gateway Borough or any other tribal programs.**
- I certify that my child/children are NOT eligible for an iPad provided through KIC or CCTHITA.**
- With my signature, I declare all of the above statements are true and accurate.

**Parent/Guardian Signature**

**Date**

**Phone number:** \_\_\_\_\_ **Email address** \_\_\_\_\_

**STAFF USE ONLY**

Application Received:		Determination:	<input type="checkbox"/> Picked up <input type="checkbox"/> No show
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