

## Department of Military and Veterans Affairs

Alaska Military Youth Academy

Headquarters PO Box 5727 JBER, AK 99505 **Ph: 907-428-7306** 

## **REQUEST FOR TRAVEL (PROGRAM START)**

Please read each and check to acknowledge and complete the information below.

AMYA will pay for the accepted youths flight to Anchorage for the start of the cycle and home after graduation.

AMYA only pays for flights in Alaska.

AIVITA OTILY PAYS FOR HIGHES III AIASKA.		
$\square$ If youth wants to leave within the first 21 days	,	esponsibility to pay the return flight.
(this is in the Program Description and Waiver por	• • • • • • • • • • • • • • • • • • • •	
$\square$ Flights will start being made approximately 10-		
$\square$ Flights will not be made until there is a complet	te application on file- this include	s medical.
$\square$ Youth are picked up at the airport by AMYA sta	iff and transported to campus.	
$\square$ Youth are allotted a phone call home to notify t	family they arrived safely.	
$\square$ If you do not receive a flight itinerary OR have	issues with flight changes/cance	ellations/delays, contact
amyasupportservices@alaska.gov or 907-428-730	<b>06.</b> Admissions does NOT make or	change flights.
$\square$ For information regarding campus contacts (pg	(a. 3), platoon assignments (pg. 1),	mailing address (pg. 3&4) and packing
list (pg. 4) please see the acceptance letter you we	ere provided.	
Accepted Youth's Name (Candidate/Cadet):		
Name of Person Requesting Flight:		
Relationship to youth:		
Relationship to youth.	<del></del>	
Flight Transportation needed from (City/town/vi	llage):	
If this is different than your home address, please	e indicate why:	
Closest Airport, if not one in your village:		
5		
Email Address(es) to send itinerary to:		
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Other information regarding flight instructions:		

Submit completed form to: amyasupportservices@alaska.gov