

This form can be emailed to: beth.summers@alaska.gov or deborah.morton@alaska.gov or kelly.donovan@alaska.gov Faxed to: 384-6023, or mailed to:

AMYA Aftercare Office:
PO Box 5727
Ft. Richardson, AK 99505

This form must be returned by the end of each month

AMYA Cadet Monthly Post Residential Report 200_ -
(Complete Information is required.)

Name: _____ S.S. #: _____

Address _____ Today's Date: _____

City, St, _____ Telephone #: _____
Zip _____

E-Mail: _____ Fax #: _____

EDUCATION:

Are you attending School? _____
Full Time _____ Part Time _____

(College, VoTech, High School or Adult Ed)

Circle One

Registrar Phone: _____

Name of School? _____
ROTC? _____

EMPLOYMENT:

Are you working? _____ Full Time _____ Part Time _____ Volunteering? _____ Caregiving? _____

Business Name? _____ Employer's Telephone # _____

Business Address: _____

Supervisor's Name & Title: _____ Starting Date _____

Hours per week : _____ Salary _____ Received Training? Yes ___
No ___

MILITARY SERVICE:

Currently a member of the armed forces. Yes / No. Swear in date? _____

Active Military, National Guard or Reserves (Please indicate which branch) _____

Basic Training Date: _____ AIT? _____ Rank? _____

MENTOR CONTACTS:

Example: 2 Visits; 6/1, 6/14. 2 Phone calls; 6/7, 6/21

In the past month indicate below the number and type of contacts you have had with your Mentor(s).

Mentor's Name: _____ Mentor's Telephone #: _____

Date of each phone call: _____ Date of each visit: _____ Date of each letter sent or received: _____

ADDITIONAL INFORMATION

Include changes to your life plan.

Cadet Signature: _____

Date: _____