

CALISTA EDUCATION AND CULTURE, INC.

5015 Business Park Blvd., Ste 3000, Anchorage, Alaska 99503

PH (907) 275-2800 FX (907) 275-2936

BURIAL ASSISTANCE

The Calista Education and Culture, Inc. (CECI) Burial Assistance Program is funded by provides a onetime payment of \$500 to immediate family members (spouse, mother, father, brother, sister, son, daughter, or designee in lieu of the listed) making arrangements for the final resting place of a **deceased Calista Corporation voting shareholder or descendant of an original shareholder**. Payment may be issued to only one family member of the deceased. The recipient must be determined by the family of the deceased prior to applying or assistance. Burial Assistance program funds are subject to the availability of funding.

To Apply

Please provide documentation demonstrating proof of death and a funeral home invoice, if applicable. This must be submitted within 60 days after the date of death for an application to be considered complete. Applications received after this time period will not be processed. (Note: Please inquire directly to CECI staff if you believe special circumstances should allow an exception to this timeframe.) In accordance with this form, if a disbursed Gift Card is lost, CECI will be held harmless and will not be replaced, but a lost uncashed check may be reissued.

Please specify to where the \$500 payment will be made to:

- APPLICANT** By: Gift Card OR Check to _____
- FUNERAL HOME** Name: _____
 Address: _____
 Email: _____ Phone Number: _____ Fax: _____

INFORMATION ABOUT THE DECEASED	
Name	
Address	
Date of Birth (DOB)	
Date of Death	

PARENTS INFORMATION (Name & DOB)		GRANDPARENTS INFORMATION (Name and DOB)	
Father		Grandfather	
Mother		Grandmother	

INFORMATION ABOUT THE APPLICANT	
Your Name	
Address	
Phone	
Email	
Relation to Deceased	

I understand and agree to all the following:

- I certify that as an immediate family member of the deceased, all the information provided in this application is true and correct and any false information will be grounds for rejection of the application.
- I verify the deceased is a Calista Corporation voting shareholder or descendant of an original shareholder.
- I authorize CECI to communicate with any person or entity as necessary as part of its review of this application.

PRINT NAME

SIGNATURE

DATE

CECI USE ONLY:

Date Received

Date Contacted

Signature Authorization for Payment

Date

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