

**SURROGATE PARENT APPLICATION**  
**I/WE ARE INTERESTED IN THE AIU'S SURROGATE**  
**PARENT PROGRAM**  
(TO BE COMPLETED BY POTENTIAL SURROGATE PARENT)

I hereby affirm that:

- (1) I am a person of good character;
- (2) I am at least 18 years of age;
- (3) I possess reasonable abilities to make a decision on a student's educational needs;
- (4) I am committed to acquainting myself with a student's educational needs and the Pennsylvania educational system.

Signature

\_\_\_\_\_  
SURROGATE PARENT VOLUNTEER

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

**REFERENCES:**

Please list two references (Please do not list members of your household) whom we may contact.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**PLEASE RETURN TO:**

**Pupil Personnel Services**  
**Allegheny Intermediate Unit**  
**475 East Waterfront Drive**  
**Homestead, PA 15120**