

Adult Vocational Training Program Application



Sitka Tribe of Alaska
 Cultural Resources Education & Employment Dept.
 456 Katlian Street
 Sitka, Alaska 99835
 Phone: 907-747-3207
 Toll Free: 1-800-746-3207
 Fax: 907-747-4915
 Webpage: www.sitkatribes.org
 Email: scholarship.applicant@sitkatribes-nsn.gov

Application for Training

| | | | |
|------------|----|-----------|------|
| First Name | MI | Last Name | Date |
|------------|----|-----------|------|

The purpose of the Sitka Tribe of Alaska's (STA)'s Adult Vocational Training (AVT) program is to provide financial assistance for eligible unemployed/underemployed applicants to attend a vocational program or to enter into an apprenticeship or on-the-job training program to acquire the job skills necessary for full-time employment.

Eligibility

- Applicant must be an enrolled Tribal Citizen

The following documents or information are required to complete the application packet:

- Verification of Tribal Enrollment
- Education History
- Employment History
- Budget Forecast
- Release of Information
- Acceptance Letter and Program Information from training institute you plan on attending
- Copy of High School or General Education Diploma
- Household income verification

****Complete Applications are due 30 days prior to the start of a training program****

This deadline is to allow adequate time for financial, living and travel arrangements needed by the student.

| OFFICE USE ONLY | |
|----------------------------|-----------------|
| Date Application Received: | Date of Review: |



Sitka Tribe of Alaska

Adult Vocational Training Program Application

APPLICANT INFORMATION

| | | | |
|---|--|-----------------------------|---|
| Last Name | First Name | MI | Previous/Maiden Name |
| Social Security Number (Last 4 digits) | Date of Birth | Place of Birth | Sitka Resident for (months/years): |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | Number & Age of Dependents: | Tribe currently enrolled with and Enrollment #: |
| Email Address(es) | | | |
| Mailing Address: | | | |
| Physical Address: | | | |
| Home Phone Number: | Cell Phone Number: | Veteran Status: | |

EDUCATION BACKGROUND

| | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> GED | <input type="checkbox"/> College/Vocational |
| Name and Location of School | Name and Location of where GED was obtained | School Name and Location |
| Graduation Date | Graduation Date | Degree/ Certificate |

ADULT VOCATIONAL TRAINING PLAN

| | | | |
|--|---|---------------------------|-----------|
| Applying for: <input type="checkbox"/> Vocational Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Apprenticeship | | | |
| Name of Vocational Training Institute you will be attending: | Type of Vocation Training/Course: | Length of Training Period | |
| Mailing Address: | Admission Status: <input type="checkbox"/> Applied <input type="checkbox"/> Accepted | Start Date: | End Date: |

EMPLOYMENT STATUS, SKILLS & ABILITIES

Employment Status: Unemployed Employed Part-Time Employed Full-Time Self-Employed Retired

Other: _____

Are you willing to accept full time employment as soon as possible after completion of training?

List any Occupational Licenses you have earned

List any tool, machinery, and/or equipment you can operate or repair

List any Computer Software you can Operate

List any barriers that are preventing you from obtaining full-time employment

EMPLOYMENT HISTORY

| | | | | | |
|-----------------------|--|---|--|--------------------|--------------------------|
| Name of Employer | | Address | | Phone Number | |
| Job Title | | Dates of Employment: Beginning: Ending: | | Hours per week: | Hourly or Weekly Salary: |
| Description of Duties | | | | Reason for Leaving | |
| Name of Employer | | Address | | Phone Number | |
| Job Title | | Dates of Employment: Beginning: Ending: | | Hours per week: | Hourly or Weekly Salary: |
| Description of Duties | | | | Reason for Leaving | |
| Name of Employer | | Address | | Phone Number | |
| Job Title | | Dates of Employment: Beginning: Ending: | | Hours per week: | Hourly or Weekly Salary: |
| Description of Duties | | | | Reason for Leaving | |

BUDGET FORECAST:

Anticipated expenses **MUST** reflect the budget for length of the entire training program. Participants may obtain this information from the training facilities admission office or in the training facilities' catalog/ website. According to 25CFR part 27 titled the Adult Vocational Training Program financial assistance may be provided for: transportation and subsistence in route to training, tuition and related training costs, subsistence while in training, emergency assistance is allowed where verified emergencies justify such assistance and must have STA's Education Committee approval, supportive services while in training which includes: tools for employment, initial union dues, transportation of household effects, security and safety deposits, personal appearance and house wares, child care, cost of vocational training counselors engaged in providing services to trainees

PLEASE NOTE:

- Assistance is not available for persons seeking funding for Certification only
- Applicants must be attending an educational/training facility, apprenticeship program or on-the-job training.
- Personal expenses cannot include things such as personal debt or phone bills.
- If you list something under "Other" you **MUST** break it down and describe this expense in detail. If more space is needed please attach a separate sheet of paper.

Check any financial support you are currently receiving

ATAP or TANF \$ _____ Public Assistance \$ _____ Unemployment \$ _____ Social Security \$ _____
 Other \$ _____

| Resources for Training (indicate "applied" if award amount is unknown) | | Training Expenses (For Entire length of Training) | |
|---|-----------|--|-------------|
| Participant Contribution | \$ | Tuition | \$ |
| Parent Contribution | \$ | Fees | \$ |
| Spouse Contribution | \$ | Room/Board | \$ |
| Native Corporation Grant | \$ | Books/Supplies | \$ |
| Native Corporation Grant | \$ | Transportation | \$ |
| ANB/ANS Grant | \$ | Personal Expenses | \$ |
| Pell Grant | \$ | Other (specify) | \$ |
| Tuition Exemption | \$ | Other (specify) | \$ |
| College Work Study | \$ | Other (specify) | \$ |
| College Scholarship | \$ | Other (specify) | \$ |
| Alaska Student Loan | \$ | Other (specify) | \$ |
| Stafford Loan | \$ | TOTAL EXPENSES | \$ |
| Alaska Supplemental Loan | \$ | | |
| Alaska Family Education Loan | \$ | | |
| SEOG | \$ | | |
| Loan | \$ | | |
| Govt. Aid (Assistance/SSI) | \$ | | |
| Veteran's Assistance | \$ | TOTAL EXPENSES | \$ |
| Other: | \$ | Minus TOTAL RESOURCES | - \$ |
| Other: | \$ | REMAINING UNMET NEED | \$ |
| TOTAL RESOURCES | \$ | Amount Requested | \$ |

STA's AVT financial Assistance programs are based on unmet need and STRICTLY SUPPLEMENTAL. You must apply for other financial aid. Please describe in detail how you will cover your remaining financial need. -Required-

Attention: I certify that all the information given by me is true, complete, and correct to the best of my knowledge. I also understand that any false information will disqualify me from this program.

Signature _____

Date _____



Sitka Tribe of Alaska
456 Katlian Street
Phone: 907-747-3207
Fax: 907-747-4915
Email: enrollment@sitkatriben-sn.gov

RELEASE OF INFORMATION

I _____ give my permission to Sitka Tribe of Alaska Workforce Development department to verify any academic or financial information that is needed to determine my eligibility for funding.

I hereby give this permission for as long as required or until revoked in writing by me to:

**Sitka Tribe of Alaska
Cultural Resources Employment & Education Department
456 Katlian St.
Sitka, Alaska 99835**

Signed this _____ day of _____, 20____

Participant Signature

Date of Birth

Social Security Number (Last 4 Only)



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Enrollment Verification

- Please verify Tribal Enrollment or Indian Blood Degree of the following individual:
- Please update vital statistics (*name change must be accompanied by documentation*):

| | | | |
|---------------------------|------------------------------|---------------------|---------------------------|
| Last Name | First Name | MI | Maiden or <i>Previous</i> |
| Soc Sec.# (Last 4 digits) | Date of Birth | Place of Birth | |
| Sex | Tribe (Tlingit, Haida, etc.) | Degree of Blood | |
| Residential Address | Mailing Address | City/State/Zip Code | |
| Home Phone | Cell Phone | Email Address | |

Authorization for Release of Information

This authorized signature may come from the individual requesting, information, Interoffice Department, or Agency representing the individual.

| | |
|---|--------------|
| Signature of Tribal Citizen | Today's Date |
| Representative & Name of Department or Agency | Today's Date |

FOR ENROLLMENT USE ONLY: DO NOT WRITE BELOW THIS LINE

The individual is

- Yes, enrolled in Sitka Tribe of Alaska
- No, not enrolled in Sitka Tribe of Alaska
- Provided documentation Certifying Indian Blood & Degree:

| | |
|-------------------------|--------|
| Document Identification | Agency |
|-------------------------|--------|

Enrollment Department

Today's Date