



## Sitka Tribe of Alaska Employment Assistance Program Application

The Sitka Tribe of Alaska Employment Assistance Program is an employment preparation fund. Eligible Tribal Citizens can receive up to \$250.00 in annual assistance.

<b>What it covers:</b> <ul style="list-style-type: none"><li>▪ Certification fee(s)</li><li>▪ GED Testing fee(s)</li><li>▪ Drivers Licensing fee</li><li>▪ Work Clothing/Uniform Cost(s)</li><li>▪ Interview Preparation (Hair Cut)</li><li>▪ Transportation Assurance (One monthly bus pass)</li><li>▪ Work Tools</li></ul>	<b>Program Requirements:</b> <ul style="list-style-type: none"><li>▪ STA Tribal Citizen</li><li>▪ Employment Verification (Uniforms, Haircut, Bus Pass)</li><li>▪ Certification Documentation which includes costs of class(s)</li><li>▪ Documentation of Scheduled GED testing</li></ul>
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Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Address \_\_\_\_\_

Message Number \_\_\_\_\_

STA Enrollment # \_\_\_\_\_

**Assistance Needed:**

- |                                                           |                                                                          |
|-----------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Certification fee(s)             | <input type="checkbox"/> Transportation Assurance (One monthly bus pass) |
| <input type="checkbox"/> GED Testing fee(s)               | <input type="checkbox"/> Work tools                                      |
| <input type="checkbox"/> Drivers Licensing fee            | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Uniform Cost(s)                  |                                                                          |
| <input type="checkbox"/> Interview Preparation (Hair Cut) |                                                                          |

Name of Vendor: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**THE FOLLOWING IS FOR CASEWORKER AND EMPLOYER USE**-----

The above applicant is currently or will be employed at: \_\_\_\_\_.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_ Staff Signature \_\_\_\_\_