



Craig Tribal Association
 P.O. Box 828
 Craig, AK 99921
 PH: (907)826-3996
 Fax: (907)826-3997

Application for Training

First Name

MI

Last Name

Date

The Job Placement and Training program assists eligible applicants in obtaining job skills so they can secure employment and become self-sufficient.

- Training may not exceed 12 months of full-time actual training hours.
- Training must lead to permanent and gainful employment.

Eligibility

- Applicant must be an enrolled tribal member of the Craig Tribal Association.
- Applicant must reside within the Craig boundary area.
- Applicant must show financial need (difference between available resources and cost of training).

Training Application Checklist

The following documents or information will be required to complete the application package:

- Verification of Tribal Enrollment
- Verification of Residency
- Verification of Selective Service Registration
- Acceptance Letter from the Training Institute that you Plan to Attend
- Training Outline (Course Outline Breakdown from Advisor)
- Financial Aid Package Form, Proof that you have Applied for Financial Aid
- Verification of Application for Scholarships from ANCSA Corp, Alaska Native Brotherhood, Alaska Native Sisterhood, ect.
- Copy of High School Diploma or General Education Diploma (GED)
- Assessments Applicable to Training
- Student Budget Forecast
- Student Agreement
- Release of Information

Note: All information submitted with this application is CONFIDENTIAL and will only be used for consideration of applicants request for funding by the Craig Tribal Association's Employment and Training.

**Completed application must be received 30 days prior to start of training.
 This allows adequate time for making financial, living and travel arrangements needed by students.**

OFFICE USE ONLY	
Date Application Received:	Date of Client Appointment:
Date Application Completed:	Intake Person's Signature:

Applicant Personal Information			
Name (First, Middle, Last)		Social Security Number	
Home Address (Physical)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Prior Physical Address (if moved in last year)	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
Emergency Contact Name	Relationship	Message Phone	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Race/Ethnic Group <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____	Citizen <input type="checkbox"/> US Citizen <input type="checkbox"/> Other: _____	
What Federally Recognized Tribe are you enrolled with?		Tribal Enrollment Number	

Applicant Personal Information						
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List **ALL PERSONS** living in the household - if you need more space, please attach a piece of paper.
Race information is optional. Benefits are given without regard to race, color or national origin. Your answers will not affect your eligibility amount.

Name	Relationship (NR = Not Related)	Date of Birth	SSN	Gender (M or F)	Race	US Citizen (Yes or No)

Race: (you may select more than one)
 AN = Alaska Native AI = American Indian WH = White BL = Black or African American AS = Asian PI = Native Hawaiian or Pacific Islander

Academic Information

High School Name and Location of High School Graduation Date

GED Name and Location where GED was obtained Graduation Date

College/Vocational Name and Location of School Type of Degree Graduation Date

Skills and Abilities

Are you a member of a Union? If yes, which Union?

List any volunteer experience you have done or are currently doing:

List any tools, machinery, equipment or computer software you can operate and or repair:

School / Training Information

Name of Educational Institution you plan on attending:

School Mailing Address:

Have you applied? Yes No

Have you been accepted? Yes No

Class Standing: Freshman Sophomore Junior Senior

Enrollment Status: Full-Time (at least 12 credits) Part-Time (at least 6 credits) Training Class

Semesters: (Please check each semester you will attend) Spring Summer Fall

Expected Degree or Certificate: Associate of Arts Associate of Applied Science Vocational Training Certificate

Individual Employment Plan (IEP)

Please answer all questions in two (2) sentences or more; this will help us to assist you better. You are welcome to attach another piece of paper if you need more room to write.

1. Briefly outline your long-term employment goals:

2. What are current barriers preventing you from obtaining full-time employment?

- Education / Training
- Financial Assistance for Education
- Living expenses
- Transportation
- Other: _____

3. What type of employment are you considering after completion of your training?

4. Who is the potential employer for this type of employment in your community?

5. Upon completion of your training, which additional resources/services would assist you in obtaining your goal?

- Job Skills Workshop
- Ketchikan Job Center
- ALEXsys (Alaska Labor Exchange System) - Job Search
- Career Assessment Tests
- Financial Literacy

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date

Student Budget Forecast

First Name		MI	Last Name	
Name of School		Start Date	End Date	Phone Number
School Mailing Address		City	State	Zip Code
Type of Vocation			Length of Training Period	

Estimate your Expenses and Resources for the School Year

Expenses	Amount	Resources	Amount
Fall Tuition		Student Contribution	
Winter Tuition		Parental Contribution	
Spring Tuition		Veteran's Benefits	
Summer Tuition		Social Security Benefits	
Transportation		Scholarships	
Room and Board		Salary (Part-Time)	
Books		Spouse's Income	
Fees		Alaska Student Loan	
Supplies		National Direct Student Loan	
Tools		SOA Incentive Grant (SEIG)	
Medical/Dental/Vision		ANSCA Corporation Grant	
Child Care		ANB/ANS Education Grant	
Related Costs		Other Resources	
Personal Appearance		Other Resources	
Other Expenses		Other Resources	
Total Expenses:		Total Resources:	

TOTAL UNMET NEED

Total Expenses:		Comments
Total Resources::		Comments
Total Unmet Need:		Comments

Student Agreement

1. I understand that the Training Assistance program is a **Supplemental** program, and that I need to apply for other Financial Aid. **I will ask Financial Aid to send a Needs Analysis to Craig Tribal Association's Employment and Training department.**
2. I agree to attend school full-time, follow all rules, maintain attendance requirements, and to maintain at least a **2.0 GPA**.
3. I will notify my assigned caseworker in writing before I withdraw from any class; I will seek prior approval to any changes.
4. I agree to complete and return the **Evaluation and Attendance Form**, which is attached to this application.
5. I agree to forward my transcripts to the Craig Tribal Association at the end of each term.
6. I understand the **Penalties for Non-Compliance**:
 - 1st Non-Compliance: Student is put on probation for 30 days and given a chance to come into compliance.
 - 2nd Non-Compliance: I may be terminated from the Training Assistance program.
7. I understand that if I do not follow these guidelines, **my funding may be terminated and I may be required to repay any monies given to me for training.**
8. I agree to provide the Craig Tribal Association with a **copy of all Certificates and Degrees** I obtain during my training.
9. I agree that upon the completion of my training, I will seek permanent full-time employment related to my training field. I will notify Craig Tribal Association's Employment and Training Department of the results of my employment search.
10. I understand that the grants I receive for my education may be taxable; only tuition, fees, books, supplies, and equipment are non-taxable. I will be responsible for the taxes that may be required.
11. I have read and understand the **Appeal Procedure** and I agree to follow that procedure.
12. The disclosure of the requested information by the applicant is voluntary, but required to obtain benefits. Failure to provide the requested information may result in a delay or denial of assistance.

Certification

I understand that this is not an Award Statement and that by signing this Student Agreement, I agree to do what is required of me.

Applicant Signature

Date

Vocational Training Caseworker

Date



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Release of Information
 Valid for no less than 36 months of start date

Student Name (Print)	Student Social Security Number
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I authorize the release of information requested by the Craig Tribal Association's Employment and Training department's program.

This release of information shall be in effect while I'm applying for services to help determine my eligibility for Employment and Training services or while I am a recipient of Employment and Training services and for any later investigations pertaining to my eligibility for services.

Craig Tribal Association must adhere to the regulations of the Federal Government; therefore, I must release information to them for verification when it is required. Please release the following information to the Craig Tribal Association's Employment and Training department upon their request:

1. School Transcripts/Attendance/Evaluations/Academic Concerns/Grades
2. Authorization to speak with Student Counselor/Advisor/Admission Office/Financial Aid Office/Book Store
3. Landlord/Tenant Lease
4. Utility and Bank Account information
5. Emergency medical documentation

Beginning Date: _____ this release will terminate once training is complete and a copy of certificate of degree is received in Craig Tribal Association's Employment and Training services department.

Student Signature	Date
Case Manager Signature	Date

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL



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Applicant/Client Appeal Procedure

Clients who have been denied services or have received a reduction of services have the right to file a written appeal by following these procedures. Decisions affecting clients are made based on a review of program policies, procedures and the required official documentation.

Step 1 - Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the department Director/Manager or his/her designee.
- A client may request another person to be present at meetings or interviews. The client must notify the department Director/Manager or designee who this person is, contact information, and their role. Guidelines will need to be established to ensure confidentiality if the person is not an employee of the Craig Tribal Association.

Step 2 - Director/Manager

- The department Director/Manager or his/her designee, in consultation with subordinate staff, will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days from the date of receipt of the appeal.
- A client not satisfied with the department's decision may submit a written request within five (5) working days from the date of receipt of the decision to the Program Compliance Manager or his/her designee to have their appeal reviewed by the Appeals Committee.

Step 3 - Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager or his/her designee will consider a referral to the Appeals Committee.
- The Appeals Committee will review the appeal within five (5) working days of receipt.
- The client will be notified of the Appeals Committee's decision within two (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.

Applicant Signature

Date

