



## AVT & JP&T

### EMPLOYMENT ASSISTANCE APPLICATION CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants must reside in King Cove, Alaska

**Employment Assistance Application. Incomplete applications will not be processed.**

1. \_\_\_\_\_ Contact Sheet
2. \_\_\_\_\_ Information Sheet
3. \_\_\_\_\_ Financial Need Sheet
4. \_\_\_\_\_ Adult Vocational Training Agreement
5. \_\_\_\_\_ Release of Information
6. \_\_\_\_\_ Student Letter of Intent and Parental Consent Form (*if under 18 years of age*)

#### **Please send with your application**

1. \_\_\_\_\_ Proof of Enrollment in the Agdaagux Tribe of King Cove
2. \_\_\_\_\_ Certificate Degree of Indian Blood (CIB)
3. \_\_\_\_\_ Letter of Acceptance from College/Institution

#### **Comments:**

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## CONTACT SHEET

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

### Secondary Contact

Name: \_\_\_\_\_ ☐ Spouse ☐ Parent ☐ Guardian

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

### List Dependents:

<i>Name</i>	<i>Tribe</i>	<i>Relationship</i>	<i>D.O.B</i>	<i>Grade Completed</i>

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please list:

\_\_\_\_\_  
 \_\_\_\_\_



## INFORMATION SHEET

College, University, Technical or Business School Ever Attended

Institution	City/State	Degree Obtained	Dates Attended

Have you ever been required to withdraw from any of the above-listed Institutions? ☐ YES ☐ NO

If yes, why? \_\_\_\_\_

Have you ever attended a BIA Program? (Vocational) ☐ Yes ☐ No

If yes when and where? \_\_\_\_\_

Licenses/Certificate: what kind? \_\_\_\_\_

Employment History: Include ALL jobs within the past THREE years. Start with the last or present position.

Employer Name      Location      Phone#      Job Title      Salary/Hourly      Dates      Reason for Leaving




## FINANCIAL NEED SHEET

Name of Institution: \_\_\_\_\_

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

Financial Aid Officer: \_\_\_\_\_ Financial Aid Office Phone #: \_\_\_\_\_

**List ALL financial assistance applied for and received:**

*Please include Organization name, amount requested/received, date applied, and date received.*

<u>Organization</u>	<u>Amount Requested</u>	<u>Amount Received</u>	<u>Date Applied</u>	<u>Date Received</u>
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### Financial Need Totals Breakdown

Tuition Total	\$
Total Amount Received	\$
Total Amount Pending	\$
Your Contribution	\$
Total Unmet Financial Need	\$
<b>Total Requested Amount from ATC</b>	<b>\$</b>
*ATC may fund up to a maximum of \$2,000 based on <i>FINANCIAL NEED ONLY</i> .	



### Adult Vocational Training Agreement

I, \_\_\_\_\_ having been accepted for Adult Vocational Training, agree to:

1. Do everything I can to receive all the training offered and follow all the rules, regulations and attendance requirements of the school giving the training, Bureau of Indian Affairs and the Agdaagux Tribal Council.
2. Talk with counselors of the Branch of Employment Assistance before I get involved in: Credit buying purchase of an automobile or luxury items, discontinuing training, leaving school for other than emergency absence, moving in with others, allowing others to move in with me, taking on any additional responsibilities, employment to be at the place of training, and intent to leave training destination.
3. Make myself available for and accept employment in the field or in a related field for which I was trained upon completing or discontinuance of training, such employment to be at the place of training or at a prearranged employment location.
4. Certify that I fully understand that if in the event I do NOT complete the course/program due to withdrawal, I am financially responsible to RETURN/REIMBURSE awarded amount to the Agdaagux Tribe of King Cove; furthermore, I understand that failure to do so may affect my future financial assistance requests.

The Agdaagux Tribe of King Cove, in accepting this application and upon my satisfactory performance of the above obligations, agrees to:

1. Furnish me financial assistance for tuition, related costs and maintenance to accomplish the training objective and up to one month maintenance after completion of training for the purpose of seeking employment. The determination of all amounts of financial assistance shall be the responsibility of the Agdaagux Tribe of King Cove and will be determined on an as-needed basis within the set established limitations of up to a maximum of \$2,000 per applicant.
2. Make available advice and guidance for my best interest in accomplishing the objectives of training, housing and community living and furnish assistance in obtaining employment if this is not adequately provided by the school.

This agreement entered into the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Signature

ATC Representative



### Authorization for Release of Information

I hereby authorize the release of all information concerning me to the Agdaagux Tribe of King Cove.

To: **Agdaagux Tribe of King Cove**

**P.O. Box 249**

**King Cove, AK 99612**

**Phone (907) 497-2648s**

**Fax (907) 497-2803**

This authority shall continue in effect until revoked in writing by the undersigned

Print Name: \_\_\_\_\_

SSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Village: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Student Letter of Intent

Write two paragraphs: One about yourself & one regarding your training & goals.

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### Parental Consent (if under 18)

I, the undersigned, state and represent that I am the (father, mother or legal guardian) of \_\_\_\_\_, residing at \_\_\_\_\_ a minor of the age of \_\_\_\_\_ years.

\_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Mother or Legal Guardian

\_\_\_\_\_  
Witness