



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

***Please email all documents to both atc@arctic.net and atc.admn.asst@gmail.com.**

Comments:



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.

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



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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.

Organization Amount Requested Amount Received Date Applied Date Received

Financial Need Totals Breakdown

Tuition Total	\$
Total Amount Received	\$
Total Amount Pending	\$
Your Contribution	\$
Total Unmet Financial Need	\$
Total Requested Amount from ATC	\$
*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

