



# NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

## **Adult Vocation Training (A.V.T.) Scholarship Grant Application**

To be considered for the A.V.T. program, it is necessary to submit the following documents. Failure to do so may result in delay or denial of funding.

- o Completed Native Village of Kotzebue - Kotzebue I.R.A. A.V.T. Application
- o Verification of Certificate of Indian Blood (C.I.B.)
- o Complete the enclosed Budget Forecast/Need Sheet and forward it to the Financial Aid Office at the institution you plan to attend. In order for you institution to properly complete the need sheet, completion of the Free Application of Federal Student Aid (F.A.F.S.A.) and Official Response Student Aid Report (S.A.R.) is necessary.
- o Copy of acceptance letter from the educational institution you plan to attend
- o Copy of birth certificate or other acceptable proof of age
- o Copy of Social Security Card
- o High school or G.E.D. Transcripts
- o Personal statement of goals and future plans
- o Two letters of recommendation from individuals other than family members
- o Other pertinent documents

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

S.S.N.: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_  
(P.O. Box #) (City) (State) (Zip Code)

Telephone #s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Number of Dependent Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Veteran:  Yes  No If yes, have you applied for veteran benefits?  Yes  No

Tribes to which you are enrolled: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_\_ High School Attended: \_\_\_\_\_

Highest Grade Completed: High School College Post Graduate  
9 10 11 12 1 2 3 4 5 6 MA

Date of Graduation: \_\_\_\_\_ G.E.D. Certificate: \_\_\_\_\_  
(State) (Date)

Type of training or employment you're interested in: \_\_\_\_\_

Do you have any physical limitations that would interfere with your training?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had previous training?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION

Training location Desired: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ School Address: \_\_\_\_\_

\_\_\_\_\_

Do you have income from any source? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List the scholarships for which you have applied other than Kotzebue I.R.A.

Source:	Amount Applied For:	Award:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**EMPLOYMENT HISTORY:** (List your three most important stages of employment)

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employers Name and Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employers Name and Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## A.V.T. SCHOLARSHIP GRANT APPLICATION

### **TO BE INITIALED BY APPLICANT:**

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the courses I have selected. I further agree that the funds issued me for training purposes by the Kotzebue I.R.A. will be so used or repayment will be made to the Kotzebue I.R.A. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to Kotzebue I.R.A.

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(Initial)

### **PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:**

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by Bureau of Indian Affairs (B.I.A.) and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

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(Applicant Signature)

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(Date)

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(Interviewer Signature)

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(Date)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE KOTZEBUE I.R.A.'S EDUCATION COORDINATOR TO RELEASE ALL RELEVANT AND PERTINENT INFORMATION CONTAINED IN MY RECORDS TO THE PROPER SCHOOL AUTHORITIES, IF NECESSARY, TO FACILITATE AND EXPEDITE MY TRAINING/EDUCATION.

I AUTHORIZE KOTZEBUE IRA TO RELEASE MY NAME, SCHOOL ATTENDED, COURSE OF STUDY IN WHICH ENROLLED AND DATES OF ATTENDANCE, FOR THEIR INFORMATION DEEMED NECESSARY TO FULFILL KOTZEBUE I.R.A.'S STATISTICAL, REPORTING AND/OR AUDIT REQUIREMENTS.

I FURTHER AUTHORIZE NANA REGIONAL CORPORATION AND B.I.A. OR THEIR CONTRACT DESIGNATES TO RELEASE ANY NECESSARY INFORMATION CONTAINED IN MY EMPLOYMENT ASSISTANCE, SOCIAL SERVICES, HIGHER EDUCATION AND STOCKHOLDER RECORDS TO:

**Native Village of Kotzebue - Kotzebue I.R.A.  
Education Coordinator  
P.O. Box 296  
Kotzebue, AK 99752**

KOTZEBUE IRA WILL NOT RELEASE ANY OTHER INFORMATION, REGARDING MY PARTICIPATION IN THEIR PROGRAMS, WITHOUT MY WRITTEN PERMISSION.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY ME, IN WRITING.

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(Applicant Signature)

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(Date)



## Adult Vocational Training Justification Comprehensive Training and Employment Plan

Name: \_\_\_\_\_ here after referred to as APPLICANT:

Circle or underline below.

Employed:

Current monthly income: \_\_\_\_\_

Name, address and telephone number of employer:

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

Unemployed:

Applicant cannot obtain permanent full time employment because he/she does not possess employable skills:

Yes  No

Has applicant received prior Employment Assistance services?  Yes  No

If yes, dates prior services received:

\_\_\_\_\_

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At this point of your life, what type of training have you taken? Include on the job training:

\_\_\_\_\_

Applicant is Alaska Native or American Indian?  Yes  No

If yes, provide documentation to verify:

Certificate of Indian Blood  Request enclosed  Copy of card enclosed

Tribal Enrollment  Yes  No

Other (Specify): \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

If accepted to participate in the Adult Vocation Training (AVT) Program, applicant would like to enroll in training to learn the following career skills:

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

3<sup>rd</sup> Preference: \_\_\_\_\_

Upon completion of training, how much does the applicant expect to earn?

\$ \_\_\_\_\_ per Hour

\$ \_\_\_\_\_ per Month

\$ \_\_\_\_\_ per Year

Has applicant confirmed earnings potential?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Upon completion of training, where would applicant like to live and work?

1<sup>st</sup> Preference: \_\_\_\_\_

2<sup>nd</sup> Preference: \_\_\_\_\_

3<sup>rd</sup> Preference: \_\_\_\_\_

How has applicant confirmed that job opportunities are available in the cities listed above?

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Upon completion of training, applicant will potentially qualify for employment with the following employers:

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I am aware that if I fail to complete the training, in which the A.V.T. Scholarship Grant I am applying for will allow me to participate, that a future A.V.T. application from me will be considered on a lower priority and therefore, may not be approved.

By affixing my signature below, I hereby guarantee that everything appearing herein is true. I selected to participate in the A.V.T. program, and it is my intention to do all that I can to complete training. Upon completion of training, I will immediately seek full-time employment in the field that I am trained.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date