

**Native Village of Kiana
Kiana Traditional Council
P.O. Box 69
Kiana, Alaska 99749
Phone: (907) 475-2109/ Fax: (907)475-2180**

Training Services Application

KTC administers a training program designed to assist our Tribal Members obtain vocational training that will lead to full-time permanent employment. **This service is a one-time only training opportunity. Applicants who have received prior vocational training services may not be eligible.**

Applicant's Name: _____
First
MI
Last

Your Application is considered "Incomplete" until you provide the following documents.

- () Must provide proof of tribal enrollment (Tribal Enrollment card or copy of CDIB from BIA);
- () Must provide copy of official card showing applicant's Social Security Number and Date of Birth;
- () Must be at least 18 years of age, have his/her high school diploma or GED;
- () Must provide verification of income for the past 30 days or six months from date of applications;
- () If applicable, provide proof of TANF, Adult Public Assistance, Unemployment, or Social Security;
- () Males 18 years of age or older, must provide proof of registration with Selective Service;
- () Newly hired applicants must have employer complete the Verification of Employment form;
- () EA applicant must have rental agreement, receipts for payment of rent and utility bills;
- () EA applicant must have completed 8 work searches where employers sign-off on the Work Search Log.

Training Services is designed to assist and applicant in gaining employable skills through training. Upon completion of training, the applicant must seek full-time permanent employment.

Training can provide technical skills required to perform specific jobs and can also enhance the employable of individuals by upgrading basic skills. The request for upgrading must be submitted by the applicant's employer.

The following supplemental Forms Must be included with your application:

- () Student Budget Forecast () Student Agreement () Student Medical/ Dental Services

The Applicant's training shall not exceed 24 months with the exception of RN training, which cannot exceed 36 months. Training should take place at an approved school and in an approved field. The **Application Deadline** for funding is **May 31st** annually for the upcoming school year. If you have questions about the application requirements please contact the KTC office.

Office Use Only

Intake Person's Signature:	Date Application Received:
Application incomplete-Date Letter Provide/Sent:	Date Application Completed:
Deadline to Notify Client of Eligibility:	Date of Client Appointment:

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Personal Data

Applicant Name: _____
(Last) (First) (MI) (Maiden/Previous)

Mailing Address: _____
P.O Box or Street City State Zip code

Resident Address: _____
P.O. Box or Street City State Zip Code

Telephone Number: _____ / _____ / _____
Home Work Message

SSN: _____ Gender: Male/Female Date of Birth: _____ Marital Status _____

Permanent Contact: _____ / _____ / _____
First Last Relationship Phone Number

Ethnic Background (Race):

() AK Native or American Indian: _____ / _____ ANCSA: _____ / _____
Tribal Affiliation Enrollment # Regional Corp. Village Corp.

() Asian or Pacific Islander () Hispanic () Caucasian
() Native Hawaiian () African American () Other: _____

Education & Training Data:

Circle Highest Grade Completed: 6 7 8 9 10 11 12 13 14 15 16 17+

() High School Graduate Where: _____ When: _____

() GED Where: _____ When: _____

Pleas List All Vocational School and/or Colleges you've attended: () Vocational Training () College Graduate

Name of School	Month / Year	Type of Degree/ Certificate

Have You Received Training Services Previously? () NO () YES (if yes; check all that apply)

Current Employment Status

() KTC	When:	Where:	Type of Training:
() BIA	When:	Where:	Type of Training:
() Other Tribe	When:	Where:	Type of Training:
() State JTPA	When:	Where:	Type of Training:
() ANCSA Corp	When:	Where:	Type of Training:
() State JOBS	When:	Where:	Type of Training:
() Child Care	When:	Where:	Type of Training:
() Veterans	When:	Where:	Type of Training:
() Vocational School	When:	Where:	Type of Training:
() Military	When:	Where:	Type of Training:
() Job Corp	When:	Where:	Type of Training:
() Union	When:	Where:	Type of Training:
() Voc. Rehab	When:	Where:	Type of Training:
() Other	When:	Where:	Type of Training:

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- Unemployed Employed Part-Time Employed Full-Time Homemaker
 Self-Employed Unpaid Family Worker Subsidized Employment

Unemployed: (check all categories below that best describe your current status.)

- Seeking Work Seeking Training Student/Trainee Disabled
 Dislocated Worker Other: _____

Skills and Abilities

1. List any Volunteer work you may have done or are currently performing: _____
2. List any Occupational Licenses you may have: _____
3. List any machinery, tools, equipment, etc. you can operate or repair: _____
4. List any Computer Software Program you can operate or repair: _____
5. Typing skills- I certify that I can type _____ words per minute with fewer than _____ errors.

Are you a member of any union? NO YES if yes, which union(s): _____

Income Data

How many people are living in the household? _____ How many are dependents: _____

Place an in the box next to any of the following types of financial support you or any family member receives:

- | | | | |
|---|------------------------|---|------------------------|
| | How Long? How Much? | | How Long? How Much? |
| <input type="checkbox"/> Supplement Security Income | _____ | <input type="checkbox"/> Child Support | _____ |
| <input type="checkbox"/> Aid to Needy Family | _____ | <input type="checkbox"/> Survivors Benefits | _____ |
| <input type="checkbox"/> Unemployment Insurance | _____ | <input type="checkbox"/> ATAP or TANF | _____ |
| <input type="checkbox"/> Alaska Permanent Fund | _____ | <input type="checkbox"/> Food Stamps | _____ |
| <input type="checkbox"/> Old Age Supplement | _____ | <input type="checkbox"/> Native Dividend | _____ |
| <input type="checkbox"/> Net Rental Income | _____ | <input type="checkbox"/> Alimony | _____ |
| <input type="checkbox"/> Pension and/or Retirement | _____ | <input type="checkbox"/> Insurance Annuity | _____ |
| <input type="checkbox"/> Employability Assistance | _____ | <input type="checkbox"/> General Assistance | _____ |
| <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> Adult Public Asst. | _____ |

List All Persons Living in the household and their incomes for the past 30 days

Military Data

Members of Household	Relation to Head	DOB	Total Income	KTC Enrollment #
Head of House:	Self			KE-
Spouse:	Spouse			KE-
Children:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-
	<input type="checkbox"/> Son <input type="checkbox"/> Daughter			KE-

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Employability Development Plan (EDP)

Participants Name: _____ Date of Plan: _____

Date of Birth: _____ Social Security Number: _____

Participant must sign the bottom of this form. Case Manager will complete the bottom of this form.

	Become Permanently Employed & Self-Sufficient
Short Term Employment Goal	Long Term Employment Goal

Steps Needed To Achieve Self-Sufficiency

Work Activities	Education/ Training Needs	Other Activities
<input type="checkbox"/> Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Instruction
<input type="checkbox"/> Job Search	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills Workshop
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Job Sampling	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Dental / Health Care
<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Job Skills Training	<input type="checkbox"/> Job-related tools / clothes
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Substance Abuse Assessment and/or Treatment
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Self-Sufficiency Activity Plan

Start Date	Activity/ Hours per Week	Who Will Do it?	Review Date

Service Needed To Accomplish

What Type of Service	Who Will Arrange it?	Who Will Provide Service?	Who Will Pay For Service?

Participant's Signature

Date

Case Manager's Signature

Date

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Student Agreement

As a Participant of This Program:

- 1) I agree that Kiana Traditional Council is a Supplemental Program and that I need to apply for other Financial Aid and will have Financial Aid send a need analysis to Kiana Traditional Council.
- 2) I agree to attend the school indicated, follow all rules, maintain attendance requirements, meet the minimum requirements of maintaining at least a 2.0 GPA and will be a full-time student
- 3) I agree to complete and return the monthly evaluation form in a timely manner.
- 4) I agree to authorize my school to release my transcripts at the end of each term to Kiana Traditional Council.
- 5) The authority for solicitation of this Privacy Act information is 25 U.S.C. (42 STAT.208) and 84959 (70 STAT.986) as amended by P.L. 88-230 (77 STAT.471.25 U.S.C. 309). The disclosure of the requested information by the applicant is voluntary, but required to obtain benefits. The failure to provide the requested information may result in delay or denial of assistance.
- 6) I agree that if I do not follow these guidelines, my funding may be terminated and I will be required to pay any monies given to me for my training.
- 7) I agree that 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.
- 8) I agree upon completion of my training that I will seek employment opportunities relating to my training and notify Kiana Traditional Council of the results of my employment search.

I understand that by signing this agreement I agree to comply with the above statements as specified. Penalty for non-compliance will be as follows:

1st non-compliance: Probation for 30 days and given a chance to come into compliance.

2nd non-compliance: Termination from the program.

Applicant's Signature

Date

Kiana Traditional Council Signature

Date

The above information will be held confidential by the Kiana Traditional Council. This is not an award statement.

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Student Budget Forecast

Name of School: _____ Beginning Date: _____ Ending Date: _____

School Mailing Address: _____ / _____
P.O. Box or Street City State Zip Code Phone Number

Type of Vocation: _____ Length of Training Period: _____

Expenses Items	Amount	Funding Resources	Amount
Tuition (Fall)	_____	Student's Contribution	_____
Tuition (Winter)	_____	Parental Contribution	_____
Tuition (Spring)	_____	Veterans Benefits	_____
Tuition (Summer)	_____	Social Security Benefits	_____
Fees	_____	College/University Scholarship	_____
Books	_____	Salary (Part-Time)	_____
Medical	_____	Spouse's Income	_____
Tools	_____	Alaska Student Loan	_____
Other: _____	_____	National Direct Student Loan	_____
Related Costs: _____	_____	SOA Incentive Grant (SEIG)	_____
Child Care _____	_____	ANCSA Corporation Grant	_____
Personal Appearance	_____	ANB/ANS Education Grant	_____
Room & Board	_____	Other (Specify): _____	_____
Other: _____	_____	Other (Specify): _____	_____
Other: _____	_____	Other (Specify): _____	_____
Total Expenses:	_____	Total Resource:	_____

Total Resource: _____

Total Expenses: _____

Total Unmet Need: _____

I hereby certify that the above information is true to the best of my knowledge. I understand that any changes in my expenses or resource must be documented and I must request a review of eligibility.

Kiana Traditional Council Worksheet

To be completed by Kiana Traditional Council- This is not an award statement.

School Year: _____	School Year: _____	Special Comments
August _____	August _____	_____
September _____	September _____	_____
October _____	October _____	_____
November _____	November _____	_____
December _____	December _____	_____
January _____	January _____	_____
February _____	February _____	_____
March _____	March _____	_____
April _____	April _____	_____
May _____	May _____	_____
June _____	June _____	_____
July _____	July _____	_____
August _____	August _____	_____
September _____	September _____	_____
Sub- Total _____	Sub-Total _____	_____
Tuition _____	Tuition _____	_____
Books _____	Books _____	_____

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Supplies _____	Supplies _____	_____
Clothing _____	Clothing _____	_____
Other: _____	Other: _____	_____
Total: _____	Total: _____	_____

Special Medical & Dental Services

Student Name: _____ Tribal Enrollment #: _____

Mailing Address: _____

City State Zip

Name of School: _____

School Address: _____

City State Zip

Students that are leaving the State of Alaska for school will have their medical and dental care provided for by the:

Alaska Native Medical Center
Contract Health Center
ATTN: Medical/Dental
4315 Diplomacy Drive
Anchorage, Ak 99508
Phone: 1800-478-1636 / (907) 563-2662

In order to receive medical or dental care while you are at school and out of State, you will need to:

1. Contact your school and ask them to send a letter to Contract Health and Dental care. Let them know how long you will be away from Alaska as a Student (this should be updated each term or when you change schools).
2. You **must** send a copy of your tribal enrollment card to Contract Health Care.

If you need medical attention while you are a student, you will need to contact Contract Health Care within 72 Hours of your emergency and they will work with you. **It is important for you to do this. The Contract Health Care Office cannot help when you are not on file with them.** If you do not follow through with notification, assistance will be delayed if you try to do it at the time you need assistance or after you receive assistance for the medical problem.

I have read the above information and understand that Kiana Traditional Council **is not** responsible for any medical or dental expenses I may incur while away for school.

Student Signature

Date