



TRIBAL TRAINING GRANT APPLICATION

Welcome to the Tribal Training Grant program!

This TTG offers supplemental funding to eligible students pursuing vocational certification or short-term training for employability at an accredited training facility.

The Tribal Training Grant is available until funds are exhausted. First-time applicants will receive higher priority than repeat services. *Funding will be applied to tuition, fees, course-required books and supplies and campus housing/meal plans, travel if needed.* We encourage you to apply for any other scholarships available and to apply.

Documents Needed

- Tribal Training Grant Application
- Certificate of Degree of Indian Blood
- Budget Need Sheet, signed by financial aid of school you are attending
- Acceptance letter from the school you are attending
- Letter of Intent
- Latest Transcripts
- Copy of Diploma
- 2 Letters of Recommendations
- If you are a veteran, copy of DD-214

Please provide documents with the application, failure to provide documentations will put your application on hold. All family tribal numbers must be provided.

APPLICANT STATUS (CHECK ALL THAT APPLY)

Single Parent _____ Two Parent Family _____ Legal Guardian _____
 Teen Parent _____ Grandparent _____ High School Student _____
 Unemployed _____ Underemployed _____ High School Grad _____

APPLICANT INFORMATION

Name _____ 2ndParent _____
 SSN _____ - _____ - _____ SSN _____ - _____ - _____
 P.O. Box _____ P.O. Box _____
 City _____, AK Zip _____ City _____, AK _____
 Phone # _____ Cell # _____ Phone # _____ Cell# _____
 Email address _____ Email address _____
 Male Female Veteran Yes No Male Female Veteran Yes No

I am a member of _____ Tribe, Enrollment Number _____
 Please provide a copy of your Tribal Card.

LIST ALL HOUSEHOLD MEMBERS

NAME	RELATIONSHIP	TRIBAL NO.

Educational Background:

High School Attended: _____

Address: _____

Highest Grade Completed: 9th _____ 10th _____ 11th _____ 12th _____
 Graduation Date _____

G.E.D. Yes _____ No _____ Dates Received _____

Emergency Contact Name _____ Phone Number _____

PROSPECTIVE EMPLOYER

Employer _____ Title _____
 Supervisor _____ Phone _____ Start Date _____
 Wage _____ Hrs/Week _____ Length of Job _____

LAST EMPLOYER

Employer _____ Title _____ Last Day Work _____
 Reason for leaving _____
 Ending Wage \$ _____ per hour Hrs/Week _____

Comments: _____

EMPLOYMENT HISTORY

Employer Name	Job Title	Dates employed
Address	Wage	Hrs per week

Employer Name	Job Title	Dates employed
Address	Wage	Hrs per week

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Address	Wage	Hrs per week

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INDIVIDUAL SELF SUFFICIENCY (ISP)
 Education/Training
 (Subject to funding and availability)

EDUCATION/TRAINING

EMPLOYMENT

Job Training & Placement _____

Job Search _____

REFERRALS FOR SUPPORT SERVICES

Childcare Assistance _____

Resume Development _____

Training/school supplies _____

General Assistance _____

Job Referrals _____

SELF-SUFFICIENCY ACTIVITY AND GOALS (MUST BE COMPLETED)

GOAL/ACTIVITY 1:

Start Date	Activity or Goal to be accomplished	Person(s) involved:	Date to be Completed:

Action or Steps to Achieve Activity or Goal	
Step 1	
Step 2	
Step 3	

GOAL/ACTIVITY 2:

Start Date	Activity or Goal to be accomplished	Person(s) involved:	Date to be achieved:

Action or Steps to Achieve Activity or Goal	
Step 1	
Step 2	
Step 3	

Barriers to self-sufficiency:

- | | |
|--|---|
| <input type="checkbox"/> currently employed/low income | <input type="checkbox"/> Not in Labor Force |
| <input type="checkbox"/> BIA General Assistance recipient | <input type="checkbox"/> Long-Term TANF (30mo/ATAP recipient) |
| <input type="checkbox"/> Lack significant work history | <input type="checkbox"/> Unemployed 15 + |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Substance Abuse Issue |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Reading Skills below 7 th grade |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Math Skills below 7 th grade |
| <input type="checkbox"/> too old for H.S. | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> High School Dropout/no GED |
| <input type="checkbox"/> No Drivers License | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Child Support Issues | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Public Asst. (Food Stamps, GA, etc) | <input type="checkbox"/> Pregnant/Parenting Teen |

If Male, have you registered with Military Selective Services? Yes No

WHERE YOU WANT TO GO TRAINING INFORMATION:

Name of Training School: _____
Address: _____

What type of training: _____

Date: Training start date: _____ Ends: _____

This training will be SHORT TERM LONG TERM

I will be living: On Campus Off campus Parents Other

Have you received a Tribal Training Scholarship Grant before? Yes No

If yes, which years _____ Did you complete? Yes No

I have filled out employment application with the following entities: (Training requires applicant to obtain employment after training)

Statement of Education Purpose: I declare that I will use any funds I receive under the Bureau of Indian Affairs Program solely for expenses connected with attendance at:

(Training facility name)

READ BEFORE SIGNING

I have applied for financial assistance for services for the listed members of my household who are in need. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. Native Village of Noatak is authorized to obtain information necessary to establish eligibility for assistance. I have read, or had explained to me, the provision of our protection under the paperwork reduction act. In the case that an overpayment is made to you signing below you authorize Native Village of Noatak Education Department to reduce your future benefits amounts or to pay the amount back in full at the time the mistake is identified.

I understand that the purpose of this Individual Self Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the Employment & Training Program for a period of 60 days, but not more than 90 days. I also understand that if there are any changes to be made that I will contact Native Village of Noatak Education Coordinator in a timely manner to ensure my success in the Employment & Training program.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial packet. I request that any BIA Grant awarded may be mailed to me in care of the financial aid office of the institution. I will provide a copy of my certificate to the Education Coordinator program at the end of my training.

Applicant Signature

Signature of other adult

Printed Name

Printed Name

Date

Date

DO NOT WRITE BELOW THIS LINE

The application has been completed and reviewed by the following:

Education coordinator

Date

Applicant has found a job Yes No

Date: _____ Training Certificate on file: Yes No

PRIVACY ACT OF 1974 - NOTICE OF RECORD SYSTEM

The law requires every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by Native Village of Noatak Job Training and Placement, as we have contracts with U.S. Department of the Interior, Bureau of Indian Affairs, the U.S. Department of Labor, Division of Indian and Native American Programs; and the Department of Health and Human Services.

The purpose of the forms and questions asked of you is to enable us to organize, staff and provide comprehensive employment and vocational training services to the people we serve. In most instances you may choose not to answer the questions if you so desire, without risk to your rights and entitlements. However, by giving the information requested of you, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence, and is only available to Native Village of Noatak employees who have a need to know in performances of their duties. In addition, certain data may be provided to local, state, federal, and other health and welfare facilities and agencies on a need-to-know basis for continuation of services, to provide for a proper evaluation of your case file and for reporting as required by the aforementioned federal agencies.

Data may also be made available to approved accreditation agencies and performances standard review organizations for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification data is included, and to the Department of Justice or other law enforcement agencies.

I CERTIFY THAT I UNDERSTAND THE AUTHORITY BY WHICH INFORMATION IS OBTAINED OF ME, AND THE PURPOSE IS VOLUNTARY ON MY PART.

IDENTIFICATION:

Name: _____
Social Security Number _____
Date of Birth _____

Signature _____

Date _____

NATIVE VILLAGE OF NOATAK
Tribal training grant

Authorization of Release of Information

I, _____, hereby authorize the release of information to Tribal Training Grant. The requested information shall be used solely in the administration of Tribal Training Grant and will not be released to any other person or agency. I hereby authorize the Tribal Training Grant program to obtain and exchange information related to my applications to participate in their programs, and to arrange for such participation based on my employability assessment and plan to employment related services and activities. This release of information shall be in effect while I am an applicant of Tribal Training Grant benefits.

Persons or organizations that may be contacted include, but are not limited to: Maniilaq Employment & Training, NANA Aqqaluk Trust scholarships, Kotzebue Job Center, Northwest Arctic Borough Scholarships, Red Dog Scholarships, Department of Labor, Department of Law, Department of public Safety, Department of Fish & Game, , Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal organizations, public assistance program contractors, stock and grantees, Health Care Providers, employers, School authorities, private individuals and all departments and programs within and administered by Native Village of Noatak.

Applicant Signature

Signature of Witness of signed X

Printed Name of Applicant

Printed Name of Witness signed X

Social Security Number

Date of Witness Signature

Date

Date