



P.O. Box 51
 Kotzebue, AK 99752
 (907)442-1500
 1-800-478-3733

Admissions: The following documents need to be completely filled out to assist you in becoming an ATC Training Program Student. Please work with your village SRC's to complete each application. Email applications to Erica Nelson at enelson@nwarctic.org if you have questions please call 1-907-442-1502 or toll free at 1-800-478-3733.

APPLICANT INFORMATION

Applicant Name:	
Email address:	
Contact number:	
Program:	CA <input type="checkbox"/> PT <input type="checkbox"/> CTT <input type="checkbox"/> CNA <input type="checkbox"/> MW <input type="checkbox"/> Short Course: _____

In the shaded area below are a listing of documents that should accompany your ATC Admission application so that we are able to assist you in your funding applications.

CHECKLIST	NOTES:
<input type="checkbox"/> <u>Documents for Funding Programs:</u> <input type="checkbox"/> IRA Card/Cert. Birth Cert. <input type="checkbox"/> Social Security Card <input type="checkbox"/> NANA Card <input type="checkbox"/> ID/Driver's License <input type="checkbox"/>	
<input type="checkbox"/> 2 Letters of Recommendation <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> High School Transcript Request <input type="checkbox"/> Emailed <input type="checkbox"/> Received	
<input type="checkbox"/> Consent to Release Education Records and Media	
<input type="checkbox"/> Adult Basic Education and GED Application	
<input type="checkbox"/> Dormitory Application <input type="checkbox"/> Room Request	
<input type="checkbox"/> Selective Service Registration - WIOA	
<input type="checkbox"/> Maniilaq WFD Intake Funding <input type="checkbox"/> AVT / WIOA	
<input type="checkbox"/> FRF <input type="checkbox"/> AVEC <input type="checkbox"/> KIC <input type="checkbox"/> Village IRA <input type="checkbox"/>	
<input type="checkbox"/> Aqqaluk Trust <input type="checkbox"/> TECK <input type="checkbox"/> Trilogy <input type="checkbox"/> NANA WP	
<input type="checkbox"/> AK State Dept. of Labor SSR: F/U Docs <input type="checkbox"/>	



APPLICATION FOR ADMISSION

PERSONAL INFORMATION			
Last Name _____	First Name _____	M.I. _____	Social Security Number (required) _____
Mailing Address _____		City _____	State _____ Zip Code _____ Date of Birth _____
Home Phone (____) _____ - _____		Cell or Message Phone (circle one) (____) _____ - _____	Email Address _____

TRAINING CHOICE <i>(Please check the box next to the program that you are interested in)</i>				
BUSINESS TECHNOLOGIES <input type="checkbox"/> Applied Business Management <i>(with concentration on Office Administration)</i> <input type="checkbox"/> Accounting Technician <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Microsoft Office Specialist Master	CONSTRUCTION TRADES TECHNOLOGY <input type="checkbox"/> NCCER Core Curriculum <input type="checkbox"/> NCCER Carpentry	CULINARY ARTS <input type="checkbox"/> <u>Level I</u> <input type="checkbox"/> <u>Level II</u> <input type="checkbox"/> <u>Level III</u>	HEALTH OCCUPATIONS <input type="checkbox"/> Certified Nurse's Aide (CNA) <input type="checkbox"/> Personal Care Attendant (PCA) <input type="checkbox"/> Emergency Trauma Technician (ETT) First Responder <input type="checkbox"/> Introduction to Health Careers <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Health Occupations Full-time <i>(includes all of the above courses)</i>	PROCESS TECHNOLOGY <input type="checkbox"/> NCCER Core Curriculum <input type="checkbox"/> Process Technology (2-semester program) <hr/> <input type="checkbox"/> Millwright Maintenance

I am interested in earning college credits at the University of Alaska Fairbanks for my coursework at ATC. Yes No

EDUCATIONAL BACKGROUND			
High School Diploma? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Graduation Year _____	Name of High School _____	City _____ State _____
GED Diploma? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Year of Diploma _____	Highest Grade Completed _____	
Attended College? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Years/Credits Earned _____	Vocational Training? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Months/Years Attended _____

FINANCIAL INFORMATION – FINANCIAL AID MUST BE SECURED PRIOR TO ARRIVAL FOR TRAINING.	
Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for financial aid to help fund your training. Please mark which agencies you attend to apply with:	
<ul style="list-style-type: none"> • Alaska Performance Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No • Alaska Student Loan <input type="checkbox"/> Yes <input type="checkbox"/> No • Veteran's Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No • Personal Funds <input type="checkbox"/> Yes <input type="checkbox"/> No • Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No 	I have applied for the following scholarships: _____ _____ _____

ENROLLMENT DATE
Please check which date you would like to begin enrollment: <input type="checkbox"/> September (Fall Term) <input type="checkbox"/> January (Winter Term) <input type="checkbox"/> Other _____

HOUSING
<input type="checkbox"/> Will arrange my own housing <input type="checkbox"/> Request to live in the dormitory (Must be 18 years or older to be eligible for housing) <input type="checkbox"/> Not applicable

Alaska Technical Center
Application for Admission

BACKGROUND DATA	
Have you ever been convicted of a felony? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently incarcerated, on probation or parole, or have been within the past six (6) months? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been court ordered to complete an assessment or treatment program? <i>(if yes, submit copies of court judgment records for review by ATC's Director)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

MILITARY SERVICE	
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy	Dates of Service: _____ to _____ Type of Discharge: _____ Job skills learned: _____

HEALTH INFORMATION
Do you have any health problems, i.e. poor eyesight, hearing, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Do you have a condition that requires daily medication? <input type="checkbox"/> No <input type="checkbox"/> Yes _____



ETHNIC BACKGROUND
<input type="checkbox"/> Alaska Native _____ (Corporation) <input type="checkbox"/> American Indian _____ (Tribe) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other _____

MARITAL STATUS
<input type="checkbox"/> Married <input type="checkbox"/> Single

HOW DID YOU HEAR ABOUT ATC?
<input type="checkbox"/> Agency Referral <input type="checkbox"/> Alumni Referral <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internet <input type="checkbox"/> Met ATC Rep at Career Fair <input type="checkbox"/> Public Service Announcement on Radio <input type="checkbox"/> Other _____

SPECIAL ACCOMODATIONS
Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list: _____

EMERGENCY NOTIFICATION
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (_____) _____ Cell or Message: (_____) _____ Work (_____) _____

SIGNATURE
To the best of my knowledge, the information provided is correct. If applicant provides false information his/her acceptance will be cancelled. Failure to pay by due dates may result in cancellation for training or dismissal. By submitting this application, I agree that I am solely responsible for any debt I have incurred with ATC.

<u>Application Check List:</u> <input type="checkbox"/> Completed Application for Admission <input type="checkbox"/> High School or GED Transcripts <input type="checkbox"/> Two (2) Letters of Recommendation <input type="checkbox"/> Signed Consent to Release Education Records/Media Release Form <input type="checkbox"/> Résumé

_____	_____	_____
Printed Name	Signature	Date

NOTICE OF NON-DISCRIMINATION
The Alaska Technical Center does not discriminate in employment, admissions, access to or treatment in its program, activities, and/or services on the basis of race, color, age, sex, national origin, religion, veteran status, handicap or otherwise, as proscribed by applicable state and federal laws and regulations, including Title IX of the Education Amendment of 1972 and Section 504 of the Rehabilitation Act of 1973 and E.O. 11246 as amended.



DORMITORY RESIDENCE APPLICATION

Application must be submitted to be considered for a Dorm Room.

Providing this application does not guarantee a room is available but is to be filed with ATC to be considered.

PERSONAL INFORMATION						
Last Name		First Name			M.I.	
Mailing Address		City	State	Zip Code	Date of Birth	
() -		() -				
Home Phone		Cell or Message Phone				

TRAINING PROGRAM ENROLLED IN

ATC Dormitory is a Non-Smoking Facility
--

EMERGENCY NOTIFICATION	
Name: _____	Relationship: _____
Physical Address : _____	City: _____ State: ____ Zip Code: _____
Home Phone: () _____	Cell or Message: () _____ Work () _____

DORMITORY ROOMMATE REQUEST <small>(Request cannot be guaranteed and will be considered when making room assignments)</small>

SPECIAL ACCOMODATIONS & ALLERGIES	
Do you require any special accommodations needed at the dorm?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list: _____	
Do you have any allergies that the dormitory staff needs to be aware of? (for example: a brand of laundry detergent, foods, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes

SIGNATURE (you must be 18 years of age for acceptance into the dormitory)		
I am 18 years of age or older and to the best of my knowledge, the information I have provided is true and correct.		
Printed Name	Signature	Date



Kotzebue Regional ABE/GED Program

ABE Student Intake Form

Student Demographic Data

Today's Date: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Name: _____
(First) (Middle) (Last)

Mailing Address:

(Street Address) (City) (State) (Zip Code)

Physical Address:

(Street Address) (City) (State) (Zip Code)

Home Phone: _____ Alternate Phone: _____ Email Address: _____

Required Information

Student Race/Ethnicity	Employment Status	Highest Degree or Level of School Completed
<p><u>Are you Hispanic or Latino?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Check your race. You may check more than one race:</u></p> <p><input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White</p>	<p><u>Currently employed?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Are you available for work?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Are you making specific efforts to find a job?</u></p> <p>_____</p> <p><u>Have you been unemployed for 27 or more consecutive weeks?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Employed but received notice of termination of employment or military separation is pending</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Check the highest grade that you have completed:</u></p> <p><input type="checkbox"/> No schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED or alternative equivalency diploma <input type="checkbox"/> Some postsecondary, no degree <input type="checkbox"/> Attained a postsecondary certificate, license (no degree) <input type="checkbox"/> Attained an Associate's degree (AA/AAS) <input type="checkbox"/> Attained a Bachelor's Degree (BA/BS) <input type="checkbox"/> Unknown</p> <p><u>Check where you completed your highest level of school:</u></p> <p><input type="checkbox"/> Went to highest level of school in US <input type="checkbox"/> Went to highest level of school outside of US</p>

Additional Required Information

Student Goals	Student Information	Institutional Programs
<p><u>Check your main goal for attending this program. You may check more than one.</u></p> <p><input type="checkbox"/> Obtain a Job</p> <p><input type="checkbox"/> Retain Current Job</p> <p><input type="checkbox"/> Improve Current Employment</p> <p><input type="checkbox"/> Increase Educational Skills</p> <p><input type="checkbox"/> Earn a GED or High School Diploma</p> <p><input type="checkbox"/> Enter Postsecondary Education or Job Training</p>	<p><u>Check all that apply:</u></p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Individual with Disability</p> <p><input type="checkbox"/> On Public Assistance</p> <p><input type="checkbox"/> Displaced Homemaker</p> <p><input type="checkbox"/> Low Income</p> <p><input type="checkbox"/> Single Parent</p> <p><input type="checkbox"/> Ex-Offender</p> <p><input type="checkbox"/> In Foster Care or Aged Out of System</p> <p><input type="checkbox"/> Exhausting TANF within two years</p> <p><input type="checkbox"/> Homeless Adult or Youth, or Runaway Youth</p> <p><input type="checkbox"/> Migrant and Seasonal Farmworker</p>	<p><u>Check if you are currently living in any of the following:</u></p> <p><input type="checkbox"/> Correctional Facility</p> <p><input type="checkbox"/> Community Correctional Program</p> <p><input type="checkbox"/> Other Institutional Setting</p>

By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that the information on this form will be entered into a Statewide ABE Database that is a restricted-use database. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Signature: _____ Date: _____

ABE Program Staff: Looked for student in ABE Database Looked for student in GED Database
 Date: _____ Initials _____

This space below can be used for program information.

CONSENT TO RELEASE EDUCATION RECORDS

I hereby consent to the reciprocal release by and to the Alaska Technical Center of the education records of

_____, whose date of birth is _____
(Student's Name)

Release is authorized to ATC to and from the following individual, agency or organization(s):

Funding Agencies Family Member: _____ (Name/Relationship) Other: _____ (Please Specify)

The education records to be release are those checked below:

<input type="checkbox"/> All Records	<input type="checkbox"/> Name, Address & Program of Study
<input type="checkbox"/> Progress Reports	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Psychological or counseling records	<input type="checkbox"/> ATC Disciplinary records
<input type="checkbox"/> Others as described: _____	

I understand that by consenting to the release of the above-specified education records, the party to whom those records will be released is not to permit any other party to have access to those records without my written consent, unless required by law. I further understand that it is my right to have a copy of the records to be released. I have also been made aware that I can at any time request copies of my records for my purposes.

I do ___ do not ___ request a copy of such records.

Signature (or Parent/Guardian's Signature if under 18): _____

Printed Name: _____ Date: _____

MEDIA RELEASE

I, _____, grant the **Alaska Technical Center** the right to use my likeness, comments, or personal story or all in media presentations. My likeness, comments, or personal story may be reproduced and publicly distributed in any and all media, such as in photographs, videos, and websites including, social media, advertisements, newspapers, and magazine articles, for public information, marketing, or policy discussions.

My release of these images, personal story and/or commentary is absent any/all further or additional conditions. I release the Alaska Technical Center from any claim(s) for compensation associated with the use of this content.

Signature (or Parent/Guardian's Signature if under 18): _____

Printed Name: _____ Date: _____

LETTER OF RECOMMENDATION

To Whom It May Concern:

This letter is a recommendation for _____ to obtain funding so that they may further their training/employability attending the Alaska Technical Center.

I first knew the candidate: _____

I believe the candidate can learn the skills that they have enrolled in at the Alaska Technical Center because: _____

How would you rank the applicant in the following areas?

	EXCELLENT	GOOD	FAIR	MARGINAL	POOR
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other comments: (Please use a separate sheet if necessary.)

Signature

Date

PRINTED NAME

ADDRESS

LETTER OF RECOMMENDATION

To Whom It May Concern:

This letter is a recommendation for _____ to obtain funding so that they may further their training/employability attending the Alaska Technical Center.

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I believe the candidate can learn the skills that they have enrolled in at the Alaska Technical Center because: _____

How would you rank the applicant in the following areas?

	EXCELLENT	GOOD	FAIR	MARGINAL	POOR
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other comments: (Please use a separate sheet if necessary.)

Signature

Date

PRINTED NAME

ADDRESS