

KAWERAK, INC.

Education, Employment, and Supportive Services
(EESS) Division
P.O. Box 948
Nome, AK 99762

Phone: (907)443-4347
Toll Free: 1-800-450-4341
Fax: (907)802-6183
Email: training@kawerak.org

Summer Youth Employment Program

Application Packet for 2025 for Youth Ages 14-21

Dear Applicant:

Thank you for your interest in the Kawerak Summer Youth Program! Attached is an application packet for you to complete.

Applications are due NO LATER THAN May 9th, 2025

Due to the large number of applicants, late or incomplete applications will not be considered!

****Note: If you have received Kawerak EESS services in the past 3 years,
we may have already have copies of these documents on file.**

APPLICANT'S CHECKLIST: Please be sure to submit copies (not originals) of the following documents:

- ☐ SYP Application with Signatures
- ☐ Tribal Enrollment Verification (Obtain from your local IRA Office, we can accept Tribal IDs or Certificates of Tribal Enrollment)
- ☐ Birth Certificate
- ☐ Most Recent Report Card or Progress Report (Obtain your transcripts from your school or guidance counselor)
- ☐ Social Security Card
- ☐ Selective Service Registration (For men age 18 and older)
- ☐ Letter of Interest: What kinds of experience are you interested in gaining and why? What makes you a good candidate?
- ☐ Individual Employability Plan

Upon determination of eligibility you will be contacted to schedule an interview. You may NOT begin work until all necessary documents have been submitted and Employment and Training department has authorized hours, and worksite.

APPLICATION SUBMISSION: Scan and
email: training@kawerak.org
Fax: (907)802-6183

If you need help with your application or if you have any questions, please contact our Employment and Training Specialist at 443-4462 or toll free at 1-(800) 450 4341. **Quyanna!**

Kawerak, Inc. Education, Employment & Supportive Service Division

☐ HE ☐ DE ☐ SS ☐ VT ☐ STRT ☐ SYP ☐ ABE ☐ GED ☐ ESL ☐ CNA ☐ AVTEC

Mailing Address: P.O. Box 948 Nome, AK 99762 ~ Email: intake@kawerak.org ~ Phone: (907) 443-4347 Toll Free: (800) 450-4341 ~ Fax: (907) 802-6183

Initial Intake & Short Education or Employment Development Plan

Name: _____ Current Age _____
(First) (Middle) (Last) (Also Known As – or Maiden name)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Present Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Work / Cell: _____ Email Address: _____

Tribally enrolled at: Brevig Mission - Council - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community - St. Michael - Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other?

Are you okay with receiving texts for SYP? ☐ Yes ☐ No **Registered with Selective Service?** ☐ Yes ☐ No

Educational Status: ☐ High School Diploma - Year Graduated: _____ ☐ GED - Year obtained _____ OR Highest Grade Completed: _____
☐ College/Vocational Graduate - Type of Degree: ☐ Certificate ☐ AA/AAS ☐ BA/BS ☐ MA/MS ☐ Other: _____ Year _____

Most Kawerak EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** ☐ Yes ☐ No

Applicant Ethnicity:	Applicant Primary Goal: (check one)	Parent/ Guardian Contact Information:
(check all that Apply)	<input type="checkbox"/> Obtain or Improve a Job	First & Last Name: _____ Home Phone #: _____ Cell Phone: _____ e-mail: _____
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Retain Current Job	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Self-employment	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Earn a High School Diploma or GED	
Marital Status:	<input type="checkbox"/> Enter Postsecondary Education or Job Training	
<input type="checkbox"/> Married	<input type="checkbox"/> Educational Gain	
<input type="checkbox"/> Single/Separated	<input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License	
<input type="checkbox"/> Living with Partner	<input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.)	
<input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Other (Specify): _____	

Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply)	(Check All That Apply)	(Check All That Apply)
<input type="checkbox"/> Disabled	<input type="checkbox"/> Employed – Low Income	<input type="checkbox"/> In Correctional Facilities (AMCC, Seaside, etc.)
<input type="checkbox"/> Employed	<input type="checkbox"/> Living in a Rural Area	Release date _____
<input type="checkbox"/> Worked 90 days or more - this calendar year	<input type="checkbox"/> Homemaker	<input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.)
<input type="checkbox"/> Unemployed →	<input type="checkbox"/> Convicted of a Crime	Release date _____
<input type="checkbox"/> Collecting Unemployment	<input type="checkbox"/> Single Parent	<input type="checkbox"/> None of the above
<input type="checkbox"/> Not in the Labor Force	<input type="checkbox"/> Homeless	
<input type="checkbox"/> On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	<input type="checkbox"/> Has a Learning Disability	
	<input type="checkbox"/> Substance or Alcohol Use	
	<input type="checkbox"/> English is a Second Language	

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ Date Entered: _____ Initials: _____

Revised 01/22/2024

Have you ever been in an SYP or WIA program? ☐Yes ☐No

Are you between the ages of 14 and 21 and need additional assistance to complete an educational program or to secure and keep employment? ☐Yes ☐No

STRENGTHS:

- ☐ I have worked before.
- ☐ I am doing, or have done, volunteer work at school or in my community.
- ☐ I am now helping, or have helped, friends, family, and neighbors.
- ☐ I have excellent attendance and am passing all of my classes at school.
- ☐ When faced with a problem, I can usually find ways to solve it.

List additional strengths: _____

BARRIERS: Do any of these areas apply to you? Our programs are meant to assist youth with their career development. The more we know about you, the better we will be able to assist you.

Do you have an incarcerated parent? ☐No ☐Yes, mother ☐Yes, father ☐Yes, both parents

Are you homeless? ☐Yes ☐No Are you an offender? ☐Yes ☐No

Are you a pregnant or youth parent? ☐Yes ☐No Are you a runaway? ☐Yes ☐No

Are you a fostered youth or Alumni (previously in foster care)? ☐Yes ☐No

Do you have difficulties learning? ☐Yes ☐No

Do you have a physical disability; have an IEP or 504 plan? ☐Yes ☐No

Are you now or have you ever been in jail or on probation or parole? ☐Yes ☐No

Are you under treatment for alcohol or drug abuse? ☐Yes ☐No

ECONOMIC STATUS: In the past 6 months have you, or your parents, received any of the following:

- ☐ATAP ☐General Assistance (GA) ☐Food Stamps ☐Supplemental Security Income (SSI-SSA)
- ☐Tribal Assistance for Needy Families (TANF) ☐Social Security Disability Insurance (SSDI)

Family size:

Number of people living in the household _____

Please select your family's household income. **(SELECTION ISN'T INCOME BASED)**

Even if you are not below the State of Alaska Poverty Level, you will not be disqualified.

- ☐ \$10,000 - \$29,999
- ☐ \$30,000 - \$49,999
- ☐ \$50,000 - \$69,999
- ☐ \$70,000 - \$89,999
- ☐ \$90,000 or more

Statement of Interest

Why are you interested in gaining work experience? And what makes you a good candidate for the Summer Youth Employment Program? Please write a letter with a minimum of 250 words that states your interests and goals. (Use an additional page if needed)

Individual Education Plan (IEP) has three purposes; to mutually develop, implement & revise:

1. A set of employment, education, and personal development goals.
2. Service objectives and a service plan of action needed to achieve the identified goals to
3. Document services provided and results

Personal Development Goals

What are your strengths? _____

What are your weaknesses? _____

Short-term Goals (less than a year)

1. Education _____

2. Training _____

Long-term Goals (one year or longer)

1. Employment _____

2. Education _____

3. Youth Leadership _____

Applicant Certification:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.

Applicant Signature

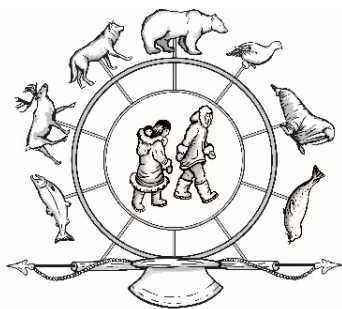
Date

Parent or Guardian Signature (If applicant is under age 18)

Date

Employment & Training Specialist Signature

Date



KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

Email: intake@kawerak.org Website: www.kawerak.org

AUTHORIZATION OF RELEASE OF INFORMATION

(Valid for no less than 24 Months)

I hereby authorize the release of any and all information needed by Kawerak, Inc. for the use and determination of eligibility for financial assistance through the Education, Employment, and Supportive Services Division and for exchange of information for the Education or Employment Development Plan and career guidance services.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; Department of Public Assistance; Social Security Administration; Local Governments; City Councils; Village Councils; Native Corporations; State, Federal, and Private Educational organizations; Financial Institutions; Landlords, Employers, School Districts; Businesses and Private individuals.

I hereby authorize the use or disclosure of my personal and protected information described below but may not be all inclusive.

☐ Birth Certification ☐ Social Security Card ☐ Verification of Tribal Enrollment ☐ Employment Pay Stubs

☐ Verification of Selective Service ☐ Verification of Employment ☐ Verification of Residency

☐ Verification of Public Assistance or Unemployment from the State of Alaska

☐ Verification of Education Diploma, Degree, or Certificate ☐ Other: _____

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

Signature of Applicant

Date

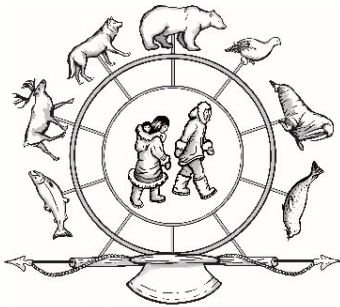
Print Name

Date of Birth

IF UNDER 17 Years of Age: Signature of Parent or Guardian

Date

Print Name



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Appeals Process

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (15) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the Division Vice-President of Kawerak, Inc. requesting a hearing and explaining the reasons for which the hearing is requested. The hearing will be held within ten (5) days. The Division Vice-President of Kawerak, Inc. shall notify the applicant in writing of the date and time of the hearing.

When a hearing is requested, the appropriate program staff will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the Division Vice-President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the Vice-President's decision within five (5) days of the hearing and any further avenues of appeal.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (10) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the President of Kawerak, Inc. of the requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the Division Vice-President will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the President's decision within five (5) days of the hearing and any further avenues of appeal.

At any time during the appeals process, the applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense. Hearings may be re-scheduled under extenuating circumstances. Applicant grievances shall take no longer and be resolved within 60 days.

If the applicant continues to be dissatisfied, the grievant may appeal at the Federal level. Questions about or complaints alleging a violation of the nondiscrimination provisions of WIA section 188 may be directed or mailed directly to: the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW, Washington, D.C. 20210