

KAWERAK, INC.

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

Phone: (907)443-4462
Toll Free: 1-800-450-4341
Fax: (907)802-6183
Email: training@kawerak.org

2026 Summer Youth Employment Program

Application Packet for 2026 for Youth Ages 14-23

Dear Applicant:

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

Application deadline: May 1st, 2026

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:

- Summer Youth Program (SYP) Application with Signatures
- Tribal Enrollment Verification (copy of your Tribal ID or tribal verification)
- Copy of Birth Certificate
- Copy of Most Recent Report Card or Progress Report
- Copy of Social Security Card
- Selective Service Registration (For men age 18 and older)

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 AE GED ESL CNA AVTEC

Mailing Address: P.O. Box 948 Nome, AK 99762 **Email:** training@kawerak.org **Phone:** (907)443-4358 **Toll Free:** (800)450-4341 **Fax:** (907)802-6183

Initial Intake & Short Education or Employment Development Plan

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

Social Security Number: _____ Date of Birth mm/dd/yyyy: _____ 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: _____

Veteran? Yes No - Date of Discharge: _____ **Registered with Selective Service?** Yes No

Educational Status:

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

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)	Education/Employment Service Needs List:
(check all that Apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify): _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On The Job Clothing <input type="checkbox"/> Other (Specify): _____

Applicant Status and Program Enrollment

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

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 03/08/2022

Have you ever been in Summer Youth Program? Yes No

Are you between the ages of 14 and 24? Yes No

STRENGTHS (check all that apply)

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, family, friends, 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 of additional strengths: _____

BARRIERS (check all that apply)

One of my parents is incarcerated (in jail or prison)

I am homeless

I am pregnant or a young parent

I am or have been in foster care

I have a physical disability, IEP or 504 Plan

I am on, or have been on, parole or probation

I am, or have been, in treatment for alcohol or drug abuse

ECONOMIC STATUS

In the last 6 months have you, or your parents, received any of the following:

IATAP General Assistance (GA) Food Stamps Supplemental Security Income (SSI)

Tribal Assistance for Needy Families (TANF) Social Security Disability Insurance (SSDI)

Number of people living in the household: _____

Please select your family's household income (selection is NOT based on income)

\$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

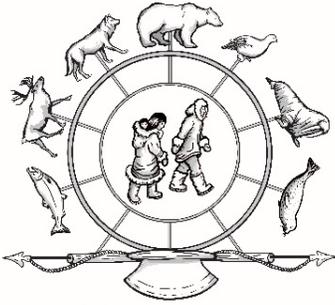
Parent or Guardian Signature (if under 18)

Date

Parent or Guardian Name Print

Parent or Guardian Phone Number

Parent or Guardian e-mail



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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