



KAWERAK, INC.

REPRESENTING

Brevig Mission

Sitaisaq

Council

Akauchak

Diomedes

Inaliq

Elim

Neviaruarluq

Gambell

Sivuqaq

Golovin

Chinik

King Island

Ugiuvak

Koyuk

Kuuyuk

Mary's Igloo

Iglaaruk

Nome Eskimo

Sitnasuami Inuit

Savoonga

Sivungaq

Shaktoolik

Saktuliq

Shishmaref

Kigiqtat

Solomon

Anuutaq

St. Michael

Taciq

Stebbins

Tapraq

Teller

Tupqaqruk

Unalakleet

Uqalaqtiq

Wales

Kinjigin

White Mountain

Natchigvik

EQUIPMENT MAINTENANCE TRAINING

Nome, AK November 16-20, 2026

Full Name: _____

Applications are due: November 2, 2026

APPLICANT'S CHECKLIST

- ☐ Complete Kawerak Training Application (this 7 page packet)
- ☐ Tribal Enrollment Verification (a cop of your Tribal ID)
- ☐ Selective Service Registration (for males 18-25 years old only)

ELIGIBILITY CRITERIA

Applicants must meet the following criteria

1. Must be a resident of the Bering Strait Region
2. Must be enrolled in a federally recognized tribe
3. Must be unemployed, under-employed, and possess limited or no job skills. Individuals who require additional training to retain employment or enhance job skills are eligible to apply.
4. Must be physically capable.

APPLICATION SUBMISSION

Scan and email to training@kawerak.org

Or Fax 907-802-7806

If you need help with your application or if you have any questions, please contact our Regional Training Specialist at 907-443-4391 or toll free at 1-800-450-4341. Qu yana!

KAWERAK, INC.

PO Box 948 • Nome Alaska 99762 • 907.443.5231 • www.kawerak.org

Advancing the capacity of our people and tribes for the benefit of the region.

Tungwenuk Family Qupak Design, used with permission

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

Applicant Status and Program Enrollment

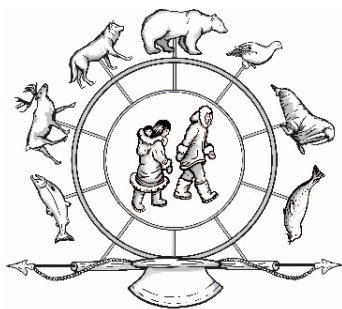
Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply)	(Check All That Apply)	(Check All That Apply)
☐ Disabled	☐ Employed – Low Income	☐ In Correctional Facilities (AMCC, Seaside, etc.)
☐ Employed	☐ Living in a Rural Area	Release date _____
☐ Worked 90 days or more - this calendar year	☐ Homemaker	☐ In Other Institutional Settings (A.P.I., Substance Treatment, etc.)
☐ Unemployed →	☐ Convicted of a Crime	Release date _____
☐ Collecting Unemployment	☐ Single Parent	☐ None of the above
☐ Not in the Labor Force	☐ Homeless	
☐ On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	☐ Has a Learning Disability	
	☐ Substance or Alcohol Use	
	☐ 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 03/08/2022



KAWERAK, INC.

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: 907-802-6183

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

Supplemental Information Forms

Full Name:

LIST ALL PEOPLE LIVING IN THE HOUSEHOLD: (spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, cousins, etc.)

Name:	Relationship:	Date of Birth	Social Security #	Employed Yes or No	Monthly Income, Including Unemployment Benefits
	Self				
TOTAL INCOME					

HOUSEHOLD TYPE: ☐ Own ☐ Mortgaged ☐ Rental ☐ Relatives ☐ Other:

ECONOMIC STATUS: Please check if you or family members listed above receive any of the following

- | | |
|--|--|
| ☐ State of Alaska ATAP/TANF | ☐ Heating Assistance (LIHEAP) |
| ☐ Tribal Welfare Assistance | ☐ Military Income (Veterans Benefits) |
| ☐ Food Stamps/SNAP | ☐ Child Support |
| ☐ Supplemental Security Income (SSI) | ☐ Seniors Assistance |
| ☐ Social Security Disability Insurance (SSDI) | ☐ Subsidized Employment |

LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)			
Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Total	\$

EMPLOYMENT HISTORY or SELF-EMPLOYMENT			
Job Title:	Start Date:	End Date:	
Employer:	Phone #:	Wage:	
Reason for Leaving:			
Duties:			
Job Title:	Start Date:	End Date:	
Employer:	Phone #:	Wage:	
Reason for Leaving:			
Duties:			

STATEMENT OF NEED
DO NOT LEAVE BLANK What are your employment goals and what assistance are you are requesting?

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Kawerak. I have read and understand my rights and responsibilities.

Print Name: _____ Sign: _____ Date: _____

KAWERAK, INC.
VENDOR PAYMENT AGREEMENT

AUTHORIZATION FOR VENDOR PAYMENT

VENDOR NAME : _____

MAILING ADDRESS: _____

VENDOR EMAIL: _____

VENDOR PHONE: _____

PAYMENT METHOD: (INITIAL)

☐ - ACH TRANSFER** Please fill out Bank information and sign below

☐ - PHYSICAL CHECK ** Please sign below, Kawerak we will not reissue physical payments for 60 days

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Checking/Savings (CIRCLE ONE)

TRANSIT ROUTING#: _____

ACCOUNT #: _____

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated above and the depository named above, called DEPOSITORY.

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Attach voided check below line, if possible, before emailing to finance@kawerak.org

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ▶ ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

[illegible]Form **W-9** (Rev. 10-2018)



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.

I hereby authorize the use or disclosure of my personal and protected information described below. This information will only be used for Kawerak Vocational Training Scholarship purposes:

☒ Verification of Tribal Enrollment ☒ Verification of Selective Service Registration

☒ Verification of Education ☒ Scholarship/financial information for Training within 1 year of this signed document

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.

☒ Please check this box if you give Kawerak, Inc. permission/authorization to use images and/or video of yourself for any news, promotion, or education materials produced by Kawerak, Inc. or related agencies.

Printed Name of Applicant

Date of Birth

Signature of Applicant

Date