



Thank you for your interest in enrolling into Northwest Campus's Construction Trades Technology (CTT) courses!

Course Dates: Monday, January 13 - Saturday, January 18, 2025

Location: Northwest Campus in Nome (400 E. Front Street); Project Area Classroom

CRN: 36264 CTT 135 - Boiler Troubleshooting and Burner Repair (2 cr)

MORNING SESSION: 8:00 am- 12:30 pm Mon - Saturday

CTT 135 focuses on the basic components of boilers and burners used in industry for heating residential properties.

CRN: 36265 CTT 138 - Residential/ (Commercial) Heating Controls (2 cr)

AFTERNOON SESSION: 1:00 pm to 5:30 pm Mon - Saturday

CTT 138 provides conceptual and practical applications for students wishing to become a residential heating control technician. Topics explored will be diagnosis equipment problems in operation, testing, and adjusting conventional and electronic thermostats. Students will also receive instruction on the operation of common electrical circuits used to control residential and commercial heating systems.

Enrollment into BOTH courses is required.

REGISTRATION DEADLINE: January 6, 2025!

Thoroughly complete ALL documents and submit to Mitch Erickson at Northwest Campus by 1/6/2025:

Email: merickso@alaska.edu fax: 907-443-5602

- CTT 135/138 Registration Form**
- UAF FERPA Form**
- Kawerak Short Term Training Application***

*Airfare, lodging, training stipend and transportation support may be available for tribal members through Kawerak's Education, Employment & Training Department. Tribal students must complete a Kawerak Short Term Training Application by January 6 to qualify for funding support.

Questions? Contact:

Mitch Erickson - Northwest Campus- 907- 443- 8416 - merickso@alaska.edu

James Isabell- Kawerak Tribal Training Dept - 907-443-4391 - training@kawerak.org



REGISTRATION FORM

Office of Admissions and the Registrar
907-474-7500 • 800-478-1823
admissions@uaf.edu • registrar@uaf.edu

P _____ Office use only

NAME: _____ **UA ID (or SSN):** _____
Please print (Last) (First) (MI)

Previous names used at the University of Alaska: _____

SEMESTER OF ENROLLMENT: Year 20__ __ Fall Spring Summer **Date of Birth (MM/DD/YYYY):** _____

CURRENT MAILING ADDRESS: _____ Phone: _____
_____ Cell Phone: _____
_____ Email Address: _____
(City) (State) (Zip)

DEMOGRAPHIC INFORMATION:

Your response helps us better serve students and impacts UAF's eligibility for some funding sources. See reverse side for information and codes.

Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race¹: _____ Vet/Military Status²: _____
US Citizen? Yes No If no, Nation of birth: _____ Nation of citizenship: _____
Visa Type: _____ Permanent Resident? Yes No

For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side³.

PRIOR EDUCATION INFORMATION

Did you graduate from high school?

Yes Graduation date? (MM/DD/Year): _____ Name of high school: _____
High School location: (city/state): _____

No If NO, did you complete the GED? Yes No
Date GED completed? (MM/DD/Year): _____ Location of GED (state): _____

COURSE INFORMATION (Complete all information requested below. Refer to the class schedule on UAOnline for course information)

CRN	Dept.	Course Number	Section	Course Title	# of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)
36264	CTT	135	901	Boiler Troubleshooting & Burner Repair	2		
36265	CTT	1318	901	Residential Heating Controls	2		

I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling. The university may drop me for non-payment.⁴

I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature _____ Date: _____

Advisor's Signature (for degree-seeking students only): _____ Date: _____

Office use only

Processed By: _____ Date: _____

TO SUBMIT THIS FORM:

Submit in person or transmit to your campus:

Fairbanks Campus
Email: registrar@uaf.edu

Community and Technical College
Email: uaf-ctc@alaska.edu

CRCD Fairbanks Office
Fax: 907-474-6280

Bristol Bay Campus
Fax: 907-842-5692

Chukchi Campus
Fax 907-442-2322

Interior Alaska Campus
Fax: 907-474-5208

Kuskokwim Campus
Fax: 907-543-4527

Northwest Campus
Fax: 907-443-5602

¹ RACE*

Code	Description
AA	Alaska Aleut
AE	Alaska Eskimo, Other/Unspecified
AH	Alaska Indian, Haida
AI	Alaska Indian, Other/Unspecified
AK	Alaska Indian, Tlingit
AM	Alaska Indian, Tsimshian
AN	Alaska Native, Other/Unspecified
AQ	Alaska Eskimo, Inupiaq
AS	Alaska Native, Southeast
AT	Alaska Indian, Athabascan
AY	Alaska Eskimo, Yup'ik
BL	Black, Non-Hispanic
IN	American Indian (Not Alaska Native)
NH	Native Hawaiian or Other Pacific Islander
SI	Asian
UN	Unspecified
WH	White

* Requested for compliance with Title IV of the Civil Rights Act of 1964.

² VETERAN/MILITARY STATUS

Code	Description
Blank	Non-veteran
FMAI	UAF Air Force Student
FMAR	UAF Army Student
FMCO	UAF Coast Guard Student
FMDP	UAF Military Dependent
FMIL	UAF Military Student
FMMA	UAF Marine Corps Student
FMNA	UAF Navy Student
FVDP	UAF Veteran Dependent
FVET	UAF Veteran Student



Office of Admissions and the Registrar,
102 Signers' Hall • PO Box 757480, Fairbanks, Alaska 99775
800-478-1823 • 907-474-7500
admissions@uaf.edu • registrar@uaf.edu

³ INFORMATION RELEASE

FERPA

The Office of Admissions and the Registrar is responsible for keeping student education records. The full copy of the university's policies regarding access to student records under the Family Educational Rights and Privacy Act of 1974 (FERPA) are available at www.alaska.edu/student-services/ferpa/.

Directory Information

The university may release certain directory information to the public on a routine basis unless a student requests, in writing, that the university not release it. Forms to request that directory information not be released are available in the Office of Admissions and the Registrar.

No directory information will be released until the last day of late registration. Any request to withhold directory information will continue until a student provides permission, in writing, for the university to release such. After that, information will be released when appropriate. The names of students who have requested their directory information be withheld will not appear in the published university chancellor's and dean's lists.

The following is considered directory information:

1. Name
2. Email address
3. Home city and state
4. Weight and height of students on athletic teams
5. Dates of attendance at UAF
6. Program/major field(s) of study
7. Degrees and certificates received, including dates
8. Participation in officially recognized university activities
9. Academic and co-curricular honors, awards and scholarships received, including dates

⁴ LATE PAYMENT/REINSTATEMENT FEES

An additional \$100 fee will be added to accounts which are not paid by the withdrawal deadline. The university may drop you for non-payment.

For more information about fees, contact the Office of the Bursar at 907-474-7384.



FERPA Release Form
The Family Educational Rights and Privacy Act

Business Office
Fax (907) 474-5898

Financial Aid
Fax (907) 474-7065

Registrar
Fax (907) 474-7097
PO Box 757495
Fairbanks, AK 99775

COMPLETED

LAST FIRST MI UA ID No.
Mailing Address: Cell Phone #:
Street & No. or PO Box: Email:
City, State, Zip:

This authorization is valid until canceled. This student may cancel this release at any time by submitting another FERPA form to the UAF Registrar.

I give permission for the University of Alaska Fairbanks to release selected items below to the recipient listed for the purpose of CTT 135/138 course funding + enrollment support.



Student Signature Date

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- ALL RECORDS
Accounting - Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.
Admission - Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.
Registration - Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
Academic Records - Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.
Financial Aid - Includes all general financial aid information.

PLEASE PRINT CLEARLY

(P = Parent, G = Guardian, S = Spouse, O = Other)

- Release to Cancel James Isabelle/Kaverak, Inc. Relationship (Circle One): P G S O
Release to Cancel
Release to Cancel
Release to Cancel

PICTURE ID IS REQUIRED WITH THIS FORM
If mailed or faxed, an enlarged photocopy of ID with a signature is required
Verified by:
Date:



KAWERAK, INC.

REPRESENTING

Brevig Mission

Sitaisaq

Council

Diomede

Injaliq

Elim

Niviarcaurluq

Gambell

Sivuqaq

Golovin

Chinik

King Island

Ugiuvak

Koyuk

Kuuyuk

Mary's Igloo

Qawiaraq

Nome Eskimo

Sitnasuak Inuit

Savoonga

Sivungaq

Shaktoolik

Saktuliq

Shishmaref

Qikiqtaq

Solomon

Anuutaq

St. Michael

Tacia

Stebbins

Tapraq

Teller

Tala

Unalakleet

Unjalaqtiq

Wales

Kinigin

White Mountain

Igaulik /

Nutchirviq

2024 Short-Term Regional Training Application

Name (First M.I. Last): _____

Applications are due: 01/03/2025

APPLICANT'S CHECKLIST:

Statement of Interest: (See page 4 of Kawerak application.)

Complete Kawerak Training Application (7 pages)

Tribal Enrollment Verification (if you are enrolled in a federally recognized tribe)

Selective Service registration (males 18-25 years old)

ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

1. Must be a resident of the Bering Strait region.
2. 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.
3. Applicants must show financial need after having applied for additional funding resources.
4. Must be able to pass a drug test.
5. Must be physically capable.

APPLICATION SUBMISSION:

Scan and email: training@kawerak.org

Fax: (907)802-7806

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

Quyana!

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.

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)443-4358 **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: _____ mm/dd/yyyy Gender: Male Female

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

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

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

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: _____

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)	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

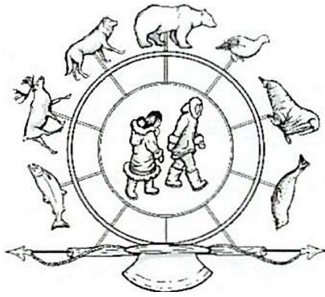
Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/> 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"/> 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: _____



KAWERAK. INC.

KAWERAK, INC.
 Education, Employment, and Supportive Services
 P.O. Box 948, Nome, AK 99762
 Toll Free: 1-800-450-4341 Phone: 907-443-4462
 Email: training@kawerak.org Website: www.kawerak.org

Supplemental Information Forms

First Name MI Last 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	Monthly Income, Including Unemployment Benefits
TOTAL INCOME					

HOUSEHOLD TYPE: Own Mortgaged Rental Relatives Other:

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

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

Revised 05/8/2018

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

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 or Savings Account: _____

TRANSIT ROUTING#: _____

ACCOUNT #: _____

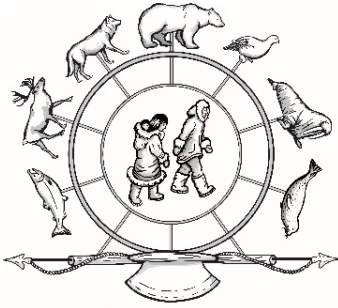
I (we) hereby authorize **KAWERAK, Inc.** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: **Checking or Savings Account** indicated above and the depository named above, called **DEPOSITORY**.

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



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: 907-443-4485

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