



DENALI COMMISSION CDL SCHOLARSHIP

Applications are due at least 6 weeks prior to the first day of training

Name (First M.I. Last): _____

APPLICANT'S CHECKLIST:

- Complete Kawerak Vocational Training Application (7 pages) Statement of Interest: Why are you interested in this training? How will this training assist you in obtaining employment or enhance skills at your current job? See page 4 of application
- Selective Services Registration (only for males 18-25 years old)
- School Acceptance Letter
- School Registration/Class Schedule
- 2 Letters of Recommendation from current or potential employer

ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

1. Must be a resident of the Bering Strait region who meets the minimum requirements for CDL Training
2. Must be able to pass a DOT Drug Test and DOT Physical
3. Clean driving history
4. For this scholarship, tribal membership is **NOT** required. If you are a tribal member, please include a copy of your tribal ID or tribal verification.
5. Must be accepted into a CDL training in the state of Alaska.
6. Individuals who require additional training to retain employment or enhance job skills are eligible to apply.
7. Applicants must show financial need after having applied for additional funding resources.
8. Must be physically capable.

APPLICATION SUBMISSION:

Scan and email: training@kawerak.org

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.

- REPRESENTING
- Brevig Mission**
- Sitaisaq
- Council**
- Diomedes**
- Iñaliq
- 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**
- Taciq
- Stebbins**
- Tapraq
- Teller**
- Tala
- Unalakleet**
- Uñalaqtiq
- Wales**
- Kinigin
- White Mountain**
- Igatuik /
- Nutchirviq

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: _____ Gender: Male Female
mm/dd/yyyy

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

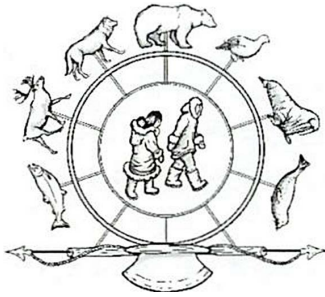
Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/>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

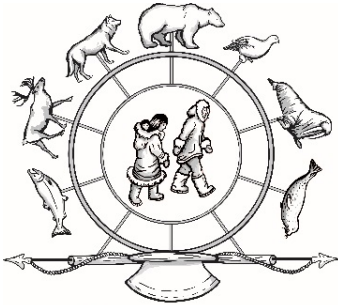
EMPLOYMENT HISTORY or SELF-EMPLOYMENT

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.

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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

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

