



REPRESENTING

Brevig Mission

Sitaisaq

Council

Diomedes

Injalik

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

Unjalaqtiq

Wales

Kinigin

White Mountain

Igakuik /

Nutchirviq

CDL Written Test Prep 9/25/23 - 9/29/23 Nome, AK UAF NWC

Applications are due: 9/15/2023

APPLICANT'S CHECKLIST:

- ☐ 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 Kawerak application.)
- ☐ Complete Kawerak Training Application (6 pages)
- ☐ Ilisagvik Application Packet (7 pages)
- ☐ Tribal Enrollment Verification (if you are enrolled in a federally recognized tribe)

ELIGIBILITY CRITERIA

Applicants must meet the following criteria:

1. Must be a resident of the Bering Strait region. Nome Eskimo tribal members eligible!
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. Complete the training application and Employment Development Plan (EDP).
4. Applicants must show financial need after having applied for additional funding resources.
5. Must be able to pass a drug test.
6. 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. Page 1 of 6
Kawerak Application

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

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: ____
☐ 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"/> Obtain or Improve a Job	<input type="checkbox"/> Relocation Assistance for Employment
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Retain Current Job	<input type="checkbox"/> Housing Assistance
<input type="checkbox"/> American Indian	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Transportation To/From Training or Job
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Earn a High School Diploma or GED	<input type="checkbox"/> Enter Postsecondary Education or Job Training
Marital Status:	<input type="checkbox"/> Enter Postsecondary Education or Job Training	<input type="checkbox"/> Child Care
<input type="checkbox"/> Married	<input type="checkbox"/> Educational Gain	<input type="checkbox"/> Training Fees or Tuition
<input type="checkbox"/> Single/Separated	<input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License	<input type="checkbox"/> Work Attire or On The Job Clothing
<input type="checkbox"/> Living with Partner	<input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.)	<input type="checkbox"/> Other (Specify): _____
<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 05/8/2018



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

KAWERAK, INC.

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
(circle one)

Monthly Income,
Including
Unemployment
Benefits

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

Y/N

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

☐ State of Alaska ATAP/TANF

☐ Tribal Welfare Assistance

☐ Food Stamps/SNAP

☐ Supplemental Security Income (SSI)

☐ Social Security Disability Insurance (SSDI)

☐ Heating Assistance (LIHEAP)

☐ Military Income (Veterans Benefits)

☐ Child Support

☐ Seniors Assistance

☐ Subsidized Employment

Revised 05/8/2018

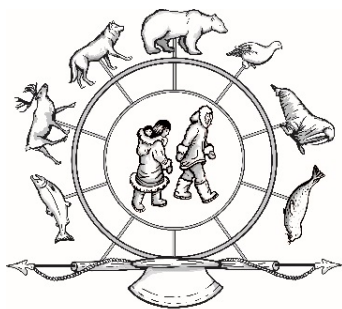
LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)			
Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Total	\$

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
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.

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

KAWERAK, INC.

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

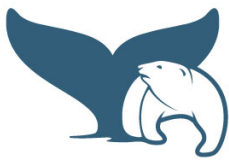
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Semester (Check One): ☐ Spring ☐ Summer ☐ Fall Year 20__

Degree: ☐ Non-Degree ☐ Degree/Certificate ☐ Dual Credit

Social Security # (For NEW STUDENTS) or Student Number

PERSONAL INFORMATION

Name: _____ Address: _____
(Last, First, Middle) (Street/PO Box, City, State, Zip Code)

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Other Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Ethnicity: (CHECK ONE): ☐ Alaska Native ☐ American Indian ☐ African American ☐ Asian
☐ Caucasian ☐ Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other

Active Military? ☐ Yes ☐ No If no, Veteran? ☐ Yes ☐ No US Citizen? ☐ Yes ☐ No If no, Nation of citizenship: _____
Permanent Resident? ☐ Yes ☐ No

BILLING: Please fill this out if the billing is not going to you.

☐ Financial Aid ☐ Employer- Funded Company: _____ ☐ Grant Funded: # _____ ☐ Ilisagvik College
☐ Other: _____ Contact Person: _____ Address or Phone #: _____

CHECK ANY THAT APPLY: ☐ Corporation/Tribe*

*Please provide Registrar's Office with a copy **Please submit a tuition waiver form

HOW DID YOU HEAR ABOUT THESE CLASSES?

☐ E-mail ☐ Facebook ☐ KBRW Radio ☐ Fliers ☐ Ads
☐ Recruiter ☐ Website ☐ Word of Mouth ☐ Other : _____

Dept	Course #	Sec #	Course Title	Dates / Days / Times	Credits	Audit	Instructor
				Total credits only			

* Initial Here: _____ I acknowledge that by initialing, I will be fully responsible for costs not covered by Financial Aid, employers, grants or scholarships.

Student Signature (Required)

Date

Cost per credit hour: _____

Advisor Signature (Instructor) (Required)

Date

Business Office Signature

Date

Registration Office Signature

Date

Tuition:	\$	_____
Registration Fee:	\$	_____
Student Support Service Fee:	\$	_____
Course, Lab & Materials Fee:	\$	_____
Other:	\$	_____
TOTAL TUITION & FEES =	\$	_____

Release Information: The Family Educational Rights and Privacy Act protects a student's right to privacy by limiting information that can be released to the public in what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can **NEVER** include: student identification number, race, social security number, ethnicity, nationality, gender. **DIRECTORY INFORMATION** is information that can be released to the public without permission from the student. Directory Information at Ilisagvik College includes: student's name, local address, permanent address, email address, photos, and telephone numbers (including cell phone numbers), names and dates of previous high schools and colleges attended, classification (Freshman, Sophomore), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. (Photo maybe used for promotional or reporting purposes.) If you **DO NOT** want this information released, see the Registration Office for the Opt Out form.



SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

Ilisagvik College is an accredited institution and one of 37 Tribal Colleges nationwide. As a federally recognized Tribal College, the college receives some of its funding from the federal government and must provide proof that a certain percentage of the student body is Native American or Alaska Native. Your information serves to verify that the college meets that criterion.

By completing the items below, I hereby authorize the indicated corporation or tribe to provide Ilisagvik College with a verification of my enrollment as a shareholder or member.

- | | |
|--|--|
| <input type="checkbox"/> Ahtna, Inc. | <input type="checkbox"/> Aleut Corporation |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Bering Straits Native Corporation |
| <input type="checkbox"/> Bristol Bay Native Corporation | <input type="checkbox"/> Calista Corporation |
| <input type="checkbox"/> Chugach Alaska Corporation | <input type="checkbox"/> CIRI |
| <input type="checkbox"/> Doyon, Limited | <input type="checkbox"/> Koniag, Inc. |
| <input type="checkbox"/> NANA Regional Corporation | <input type="checkbox"/> SEALASKA |
| <input type="checkbox"/> Other _____ | |

Tribe: _____

First and Last Name (please print)

Social Security Number

Date of Birth

Phone Number

Email

Signature



Alaska Workforce Investment Board (AWIB)
Participant State Grant Application
STATE OF ALASKA

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

(For Grantee Office Use Only)

Which grant program is the participant enrolling in? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alaska Construction Academies (ACA) | <input type="checkbox"/> State Training Employment Program (STEP) |
| <input type="checkbox"/> Technical Vocational Education Program (TVEP) | <input type="checkbox"/> Alaska Workforce Infusion Grant (AWIG) |

Please PRINT clearly and sign where indicated.

Participant Information

Application Date:		Enrollment Date:	
Do you have a MyAlaska Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		MyAlaska Username (To access AlaskaJobs only):	
First Name:	Middle Initial:	Last Name:	
Social Security #:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to answer	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> None of these <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other		If you experience a disability, are you able to perform the essential functions of this job or training program with or without reasonable accommodation? <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Yes, I can perform the essential functions <input type="checkbox"/> No, I cannot perform the essential functions	
Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer		Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer	
Email Address:			
Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone	How do you prefer to receive notifications? <input type="checkbox"/> Text Message <input type="checkbox"/> Email	
Alternate Phone Number:	Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone	Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Physical Address:		City:	State:
Zip:	County/Borough/Parish:		Country:
Mailing Address (if different from physical address):		City:	State:
Zip:	County/Borough/Parish:		Country:

Military Affiliation

Are you currently in the U.S. Military or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the spouse of a member of the armed forces who is on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?

OR
 A spouse of a service member on active duty who died or has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?

☐ Yes ☐ No

Education Information

Your Highest Education Level Achieved:
☐ No School grades Completed ☐ _____ Grade (Write in the grade you completed from 1-12 in the space provided)
☐ High School Equivalency Diploma ☐ High School Diploma ☐ Some College ☐ College Graduate

Are you attending school?
☐ Yes, High School ☐ Yes, Middle School ☐ Yes, College or Technical/Vocational School ☐ No

Eligibility Assessment (*STEP Applicant Only*)
Approval for STEP services is contingent upon eligibility.

Needs the training to remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Are you an Alaska Resident who has resided in the state for the past 30 days and plans to remain in the state indefinitely?
☐ Yes ☐ No

Have you worked in a position that contributed to Unemployment Insurance (U.I.) in Alaska or another state with similar provisions sometime in the last five years?
☐ Yes ☐ No

Eligibility Criteria:

☐ Unemployed and receiving Unemployment Insurance (UI) benefits
☐ Unemployed but not receiving Unemployment Insurance (UI) benefits
☐ Employed but likely to be displaced because of the reduction in overall employment within the business
☐ Employed but likely to be displaced because of the elimination of your current job
☐ Employed but likely to be displaced because of a change requiring that to remain employed, they must learn substantially different skills
☐ In need of training to improve the prospect of obtaining or retaining employment

Applicant Certification and Release of Information – Please write your initials next to each statement.

My signature below affirms the certifications, media release, and release of information listed below:

- ✓ I certify to the best of my knowledge that the information in this application is accurate, true, verifiable, and subject to verification.
- ✓ I understand that the answers I have provided in this application are considered self-attestation, and I may be asked to provide proof to support my answers.
- ✓ I understand that falsification of information to receive grant benefits may be grounds for removal from the program, and/or I may have to repay benefits received.
- ✓ I certify that I am an Alaska resident, and I intend to stay in Alaska and make it my home.
- ✓ I certify that I have reviewed a copy of the Program Complaints and Appeals Policy, which describes the complaint and appeals process with regard to program complaints and discrimination complaints.
- ✓ I certify that I have reviewed a copy of the Program and Equal Opportunity Discrimination Complaint Information document and have read and understand the contents of this document.
- ✓ I agree to the use of the personally identifiable data collected on this form, including my Social Security number, for use by the Alaska Department of Labor to measure the performance and outcomes of the activities conducted under the **AWIB**.
- ✓ I understand that the funds I am applying to receive are for training or support services from the **STEP** program, which is funded from a percentage of employee payroll tax contributions to Unemployment Insurance. I agree to complete a survey or other inquiry regarding the training or services received from the **STEP** program and my employment outcome after receiving the services or training. (**STEP Applicant Only**)

I, DO ☐ DO NOT ☐, grant the State of Alaska and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations, any of which may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. This release is unconditional. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with using these images and/or commentaries.

Applicant Signature: _____

Date: _____

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

Date: _____

Grantee Staff Signature: _____

Date: _____



TUITION WAIVER
Office of Financial Aid
PO Box 749 Barrow, AK 99723
907-852-1884 or -1708 fin.aid@ilisagvik.edu

STUDENT NAME: _____
First Middle Last

LAST 4 OF SSN: _____ EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____
Street/PO Box City State Zip

- Select **ONE** waiver and a term/year to apply for.
- Read, agree, and initial **each** item under that waiver.
- Waivers are due each semester by the withdrawal deadline (see course schedule).
- All students must pass 2/3 of the credits in which they are enrolled AND achieve a GPA of 2.0 (grade C) in order to be eligible for a waiver in future semesters.

X Fall 20_23_ ☐ Spring 20__ ☐ Summer 20__ ☐ Workforce Dev. Short-Term Training

MAYOR'S TUITION & COURSE FEE WAIVER

____ I have been a North Slope Borough resident for at least 30 days and am 18 years or older.
____ I have applied or intend to apply to a program of study at Ilisagvik College (for continued eligibility, students must be admitted to a program of study).
____ I applied for a scholarship from _____ (see FAQ).

ALASKA NATIVE/AMERICAN INDIAN (OFF-SLOPE) TUITION WAIVER

____ I am an Alaska Native or American Indian 18 years or older who does not live in the North Slope Borough.
____ I will provide the Registrar's Office a copy of my tribal card.
____ I have applied or intend to apply to a program of study at Ilisagvik College (for continued eligibility, students must be admitted to a program of study).
____ I applied for a scholarship from _____ (see FAQ).

NORTH SLOPE BOROUGH SCHOOL DISTRICT TUITION WAIVER

____ I am a certified teacher or a paraprofessional for the NSLB.
____ I applied for a scholarship from _____ (see FAQ).

ELDER WAIVER

____ I am at least 62 years old.
____ I am a North Slope Borough Resident

STUDENT AGREEMENT AND SIGNATURE

By signing below, I confirm that the information I have provided is true and correct. I understand and agree to the following:

- This is a waiver of tuition only, except where fees are covered under the Mayor's waiver. Registration fees, lab fees, lab kits, art supplies, textbooks, and other special costs are my responsibility.
- Tuition waivers cannot be applied retroactively and will not be issued if a student's account has an outstanding balance of \$500 or more.
- If I do not pass 2/3 of my credits or do not achieve a GPA of 2.0 ("C") in the current semester I will not be eligible for a waiver for the next semester in which I take classes. In the absence of a waiver, I am responsible for the cost of attendance (personally or through scholarships or financial aid. However, after one successful semester of class without using a tuition waiver, I can reapply for a waiver for the semester after that.
- I must submit a tuition waiver for every semester in which I would like tuition waived.
- I authorize the Ilisagvik College Registrar's Office to release grades to the Business Office.
- I give Ilisagvik College permission to use my name and image in marketing material.

Student Signature _____ Date _____

Financial Aid Signature _____ Date _____

Ilisagvik College President Signature _____ Date _____

TUITION WAIVER FAQs

Question: Does this waiver apply to CEU classes?

Answer: No, it does not apply to CEU classes, because CEU classes do not have tuition, only fees.

Question: Does the student have to be admitted to a program, or can he/she apply for a waiver if he/she just wants to take an individual class?

Answer: The form includes four types of tuition waivers. When applying for a tuition waiver for the first time, admission to a program is not a requirement. However, for some of the waivers, admission to a program is required if the student wants to continue to receive the waiver.

Question: When is the due date for the completed form to be turned in?

Answer: The due date varies according to semester; however, short-term classes that start after the regular due dates will receive an extension.

Question: Does a student have to have all “A” grades in order to be eligible for a waiver?

Answer: No. However, when taking classes under the waiver, the student must make satisfactory academic progress. This means the student must (1) pass 2/3 of his/her classes and (2) have an overall grade point average of 2.0 (Grade “C”) in order to be eligible for the waiver the next semester.

Question: What if a student owes money to the College, is he/she still eligible for a tuition waiver?

Answer: As long as the balance is less than \$500, yes, the student is eligible for the tuition waiver. If the student owes a higher balance, he/she must work out a payment plan with the Business Office and reduce the balance to \$500 or less.

Question: Do students have to apply for a scholarship?

Answer: Yes, students have to apply for a scholarship to be eligible for waivers; however, they do not have to be awarded a scholarship. For guidance on where to find scholarships, contact fin.aid@ilisagvik.edu or call 907-852-1708.

Question: Does the waiver include the cost of books and fees?

Answer: No. The tuition will be waived, but students are responsible for course fees, registration fees, lab kits, art supplies, textbooks and any special costs identified for the course(s). The only exception to this is course fees that are covered by the Mayor’s Tuition Waiver.

Question: Does this waiver apply to dual credit courses?

Answer: No, it does not.

Question: Can the tuition waiver be applied to repeat classes, either because the student did poorly or because the student wants to take the class again for personal interest?

Answer: No, the tuition waiver can be applied once to a class, but not repeatedly.

**For additional information, please contact
Financial Aid at 907-852-1708 or email fin.aid@ilisagvik.edu**