



REPRESENTING

Brevig Mission

Sitaisaq

Council

Diomedes

Iḡaliq

Elim

Niviarcaurluq

Gambell

Sivuqaq

Golovin

Chinik

King Island

Uḡiuvak

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

Uḡalaqḡiq

Wales

Kiḡigin

White Mountain

Iḡaḡuik /

Nutchirviq

AVTEC Maritime Deckhand Training Seward, Alaska February 24-28, 2025

Name (First M.I. Last): _____

Applications Due: 02/12/2025

APPLICANT'S CHECKLIST:

Complete Kawerak Training Application & AVTEC Forms

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)

Copy of Tribal Enrollment Verification (Tribal ID)

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: _____ 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 - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community - Savoonga - Shaktolik - 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

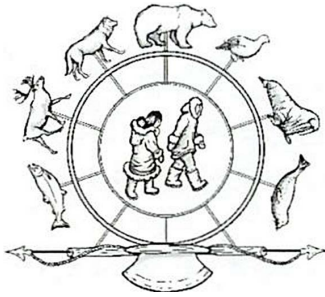
Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/>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



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

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																				
or																				
Employer identification number																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				

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 for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

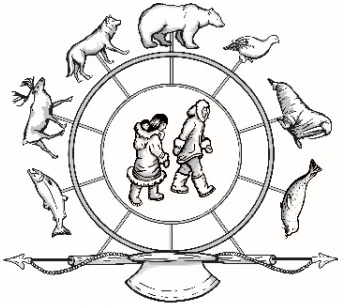
Purpose of Form

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, later.



KAWERAK, INC.

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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

DORMITORY RESIDENCE

APPLICATION AND CONTRACT

AVTEC Admissions Office

PO Box 889 Seward, AK 99664

Phone: 1-800-478-5389 FAX: 1-907-224-4400



Training Alaskans for more than 50 years

SUBMIT THIS APPLICATION TO RESERVE A DORM ROOM

_____ Gender: Male Female
Last Name First Name M.I.

_____ Mailing Address City State Zip Code E-mail Address

_____/_____/_____ (_____) (_____) _____

Date of Birth Current Age Home Phone Number Cell Phone Number

AVTEC – A NON-SMOKING FACILITY

TRAINING PROGRAM

- I am a smoker
 I am a non-smoker

Start Date: _____ Graduation Date: _____

EMERGENCY NOTIFICATION

_____ (_____) (_____) _____
Name Relationship Home Phone Cell Phone

DORM PREFERENCE / ROOMMATE REQUEST

SPECIAL NEEDS / ACCOMMODATIONS (Please contact AVTEC Admissions Office with documented disability information.)

SIGNATURE

I agree to be bound by the terms of the Dormitory Residence Contract printed on the back of this application.

I accept financial responsibility for the full contract period I have stated above. I understand I can break this contract only at the end of a school term (at Christmas break or summer break).

I understand that any violation of AVTEC policy regarding alcohol, drugs, violence, or other unacceptable behavior as detailed in AVTEC publications will result in the termination of this contract, but will not release me from the financial obligation.

MINIMUM AGE IS 18 FOR ACCEPTANCE INTO THE DORMITORY.

Printed Name of Student

Student's Signature

Date

AVTEC – ALASKA VOCATIONAL TECHNICAL CENTER

DORMITORY APPLICATION

CONDITIONS OF THE CONTRACT AND PAYMENT

This is a binding agreement between AVTEC and the student signing this contract.

This contract covers the entire academic year for which the student has contracted for training.

- A student may move in up to two days prior to the first date of training, and move out up to two days after graduation/withdrawal/termination. Any time beyond two days must be arranged with the Student Services Coordinator.
- The student resident must pay his/her dormitory bill for the entire term the first day of training. Fall term is the period of time from the start of the student's training program until the Christmas break. Spring term is the period of time from the end of Christmas break until the student's graduation date or summer break, whichever comes first. Failure to make timely payments may terminate the contract.
- If the student chooses to move into the dorms after the term has begun, fees must be paid when the student moves in for charges starting the day they move in until the end of the term.
- Students may move out of the dorms at the end of each term (Christmas and summer) without penalty. The student must notify a dormitory attendant that they do not intend to move back into the dormitory after the break. This notification must be made in writing.
- If a student moves from the dormitory at any time during the contract period, either by choice, eviction, withdrawal, or termination, the student forfeits payments made for the current dormitory term charges. Students who graduate early will be charged up to the date they move out of the dorms. Any payment in excess of charges will be refunded.
- Students who have been awarded sufficient financial aid to cover tuition and room and board payments may delay full payment until financial aid disburses. All payments will be automatically deducted for the remaining balance once the financial aid disburses.
- Students who do not meet requirements for their financial aid disbursement, due to not meeting Satisfactory Academic Progress requirements or any other reason, must make other payment arrangements for what is owed AVTEC.
- Termination of this contract for extenuating circumstances must be addressed in writing to the Student Services Coordinator and/or Deputy Director.

CONDITIONS OF RESIDENCE

- Dorm rooms are assigned by the AVTEC dorm staff; changes to room assignments must be made by the dorm staff.
- Each resident is responsible for keeping his/her residence clean and for preventing damage beyond reasonable wear to AVTEC property. Damage charges will be billed to the resident when damage occurs, or when the resident checks out. The resident will be responsible for the costs.
- AVTEC will assume no responsibility for the loss or damage of personal property of residents.
- The resident agrees to abide by all rules and regulations as printed in the AVTEC Student Handbook. Specifically alcohol and controlled substances are strictly prohibited from the dormitories, and all AVTEC facilities. Any student who is found in possession and/or under the influence of alcohol and /or controlled substances will receive an eviction notice from the dormitory with no refund of room and board for the term in which the eviction occurs. All other rules and regulations must be read and understood before the signing of this contract.

PERSONAL INFORMATION (Please Print Clearly)			
Last Name _____	First Name _____	M.I. _____	Social Security Number <i>(required)</i> _____ - _____ - _____
Mailing Address _____ City _____ State _____ Zip Code _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
____ / ____ / ____ (____)	(____) _____	(____) _____	_____
Date of Birth	Home Phone Number	Cell Phone Number	E-mail Address
EMERGENCY NOTIFICATION	TRAINING CHOICES		
Name _____	1) _____		
Relationship _____	Enrollment Date: _____		
Address _____	2) _____		
City _____ State _____ Zip Code _____	Enrollment Date: _____		
(____) _____ (____) _____	3) _____		
Home Phone Cell Phone	Enrollment Date: _____		
SIGNATURE			
_____		_____	
Signature		Date	