KAWERAK, INC.

REPRESENTING
Brevig Mission
Sitaisaq
Council
Akauchak
Diomede
Iŋaliq
Elim
Neviarcuarluq
Gambell
Sivuqaq
Golovin
Chinik
King Island
Ugiuvak
Koyuk
Kuuyuk
Mary's Igloo
Iglaaruk
Nome Eskimo
Sitnasuami Inuit
Savoonga
Sivungaq
Shaktoolik
Saktuliq
Shishmaref
Kigiqtaq
Solomon
Aŋuutaq
St. Michael
Taciq
Stebbins
Tapraq
Teller
Tupqaġruk
Unalakleet
Uŋalaqłiq
Wales
Kiŋigin
White Mountain
Natchiġvik

Tungwenuk Family Qupak Design, used with permission

Construction Safety Bootcamp
Nome, AK November 17-21, 2025

Full Name: _____

Applications are due: _____

APPLICANT'S CHECKLIST

☐ Complete Kawerak Training Application (this 7 page packet)

☐ Tribal Enrollment Verification (a cop of your Tribal ID)

☐ Selective Service Registration (for males 18-25 years old only)

ELIGIBILITY CRITERIA

Applicants must meet the following criteria

1. Must be a resident of the Bering Strait Region. Nome Eskimo tribal members must apply with their tribe.
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. Applicant 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 to training@kawerak.org
Or Fax 907-802-7806

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

Kawerak, Inc. Education, Employment & Supportive Service Division

☐HE ☐DE ☐SS ☐VT ☐STRT ☐SYP ☐AE ☐GED ☐ESL ☐CNA ☐AVTEC

Mailing Address: P.O. Box 948 Nome, AK 99762 **Email:** training@kawerak.org Phone:(907)443-4358 Toll Free:(800)450-4341 Fax:(907)802-6183

Initial Intake & Short Education or Employment Development Plan

Name: _____ _____ Current Age _____
(First) (Middle Initial) (Last) (Also Known As – or Maiden name)

Social Security Number: _____ Date of Birth mm/dd/yyyy: _____ Gender: ☐ Male ☐ Female

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

Home Phone: Work / Cell: Email Address:

Tribally enrolled at: ☐Brevig Mission ☐Council ☐Diomede ☐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: _____ &Year_____

☐ College/Vocational Graduate - Type of Degree: ☐ Certificate ☐ AA/AAS ☐ BA/BS ☐ MA/MS ☐ Other: _____

Most Kawerak EESS programs and/or jobs are subject to drug testing. Are you willing to take a drug test? ☐ Yes ☐ No

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

Applicant Status and Program Enrollment

Applicant Primary Status		Barriers to Education/Employment	Institutional Programs
(Check All That Apply) ☐ Disabled ☐ Employed ☐ Worked 90 days or more - this calendar year ☐ Unemployed → ☐ Collecting Unemployment ☐ Not in the Labor Force ☐ 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) ☐ Employed – Low Income ☐ Living in a Rural Area ☐ Homemaker ☐ Convicted of a Crime ☐ Single Parent ☐ Homeless ☐ Has a Learning Disability ☐ Substance or Alcohol Use ☐ English is a Second Language	(Check All That Apply) ☐ In Correctional Facilities (AMCC, Seaside, etc.) Release date_____ ☐ In Other Institutional Settings (A.P.I., Substance Treatment, etc.) Release date_____ ☐ 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: _____

Revised 03/08/2022

KAWERAK, INC.

Education, Employment, and Supportive Services
P.O. Box 948, Nome, AK 99762
Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-802-6183
Email: intake@kawerak.org Website: www.kawerak.org

Supplemental Information Forms

Full Name:

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

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

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

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

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

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

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

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

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

Print Name: Sign: Date:

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 **Signature of U.S. person** ▶ **Date** ▶

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.
PO Box 948, Nome, AK 99762
V E N D O R
EFT AUTHORIZATION AGREEMENT

AUTHORIZATION FOR AUTOMATIC DEPOSITS

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 below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. In addition, I agree to receive remittance advice via email.

DEPOSITORY (bank) NAME: _____

CITY: _____ STATE: _____ ZIP: _____

Checking or Savings?

NAME ON THE ACCOUNT: _____

TRANSIT ROUTING#: _____

ACCOUNT #: _____

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

PRINT NAME: _____

E-mail (for remittance advice): _____

SIGNATURE: _____ DATE: _____

Must attach voided check below line before emailing to finance@kawerak.org

Revised 12-2-14

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 Certificate ☐ 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.

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

_____
Printed Name of Applicant Date of Birth

_____
Signature of Applicant Date

_____
IF UNDER 17 YEARS OF AGE: Signature of Parent or Guardian Date

_____
Printed Name of Parent or Guardian