Dear Applicant:

Thank you for your interest in the Kawerak Summer Youth Program! Attached is an application packet for you to complete. Your IRA Tribal Coordinator or school will be able to assist you in faxing or emailing the documents to Kawerak.

Applications are due **NO LATER THAN MARCH 31, 2020**
Due to the large number of applicants, late or incomplete applications will not be considered!

**APPLICANT'S CHECKLIST:** Please be sure to submit copies (not originals) of the following documents:

- ___ Letter of Interest: Why are you interested in gaining work experience? Or why are you a good candidate? Space available on page 6 of the application.
- ___ Complete SYP Application with Signatures or participant and legal guardian as needed
- ___ Tribal Enrollment Verification (Obtain from your local IRA Office)
- ___ Birth Certificate
- ___ Current Report Card or Diploma (Obtain your transcripts from your school)
- ___ Social Security Card (for males without Selective Service Registration)
- ___ Selective Service Registration (For men age 18 and older)

**PARENT(S)/GUARDIAN CHECKLIST:**

- ___ Income Verification for last 6 months (Send copies of all of the documents below that apply.)
  - Letter from employer(s) on company letterhead stating income for six months for yourself and family members.
  - Employment paystubs from the last six months (do not send tax forms or W-2’s)
  - Longevity Bonus letter or copy of monthly check.
  - Social Security Office verification letter or copy of monthly check.
  - Unemployment insurance or Worker’s Compensation Insurance documents.
  - Public Assistance verification documents (ATAP, TANF).
- ___ Signed ‘Authorization for Release of Information Form’ for all persons in the household who receive income listed in the application.

*If you need help with your application or if you have any questions, please contact our Summer Youth Coordinator at 443-4371 or toll free at 1-(800) 450-4341. Quyanna!*
Kawerak Summer Youth Employment Program 2020 Application

Name: __________________________________________________________ SSN:_____________________

Last                     First                     Middle

Address: ________________________________ Date of Birth____/____/____ Age____ □ Male □ Female

City:________________________ State:_____ Zip Code:___________ Phone #’s:________________________

Village/Tribal Membership Enrollment:________________________ Email Address:_____________________

Race: □ Alaska Native/American Indian □ African American □ Asian/Pacific Islander
□ Caucasian □ Hispanic □ Hawaiian Native □ Other:_________________

If male, are you registered with Selective Service? □ Yes □ No If Yes, provide proof of registration

Veteran: □ Yes □ No Date of Discharge: ____/____/____

Are you a United States Citizen? □ Yes □ No If no, what is your status: _______________________

Are you between ages 14 and 21? □ Yes □ No

Have you ever had any criminal convictions? □ Yes □ No

FAMILY STATUS: (CHECK ONE) □ Single □ Under 22 □ Married □ Two-Parent Family □ One-Parent Family

EDUCATION STATUS:

□ Still in school □ High School Diploma □ GED □ Dropped Out of High School

Graduation Year:_______ OR Highest grade completed: _______

□ College □ Vocational Training □ Graduate: Type of Degree: □ AA □ BA/BS

□ Other:__________________________ Year:_______

List all Vocational Training Certificate(s): ____________________________________________________

□ Currently attending college/vocational training at: _____________________________________________

LABOR FORCE STATUS (check all that apply):

□ Employed at: _______________________________ □ Unemployed since ____/____/____ (date)

□ Have never worked □ Self Employed □ Working less than full-time

□ Unemployment expired:_______ (date)

Have you been employed for 3 months or longer in this calendar year? □ Yes □ No

Last hourly wage: $___________/hour

Have you ever been in an SYP or WIOA program? □ Yes □ No
BARRIERS

Are you between the ages of 14 and 24 and need additional assistance to complete an educational program or to secure and keep employment?  □ Yes  □ No

Do you have an incarcerated parent?  □ No  □ Yes, mother  □ Yes, father  □ Yes, both parents

Are you homeless?  □ Yes  □ No  Are you an offender?  □ Yes  □ No

Are you a pregnant or parenting youth?  □ Yes  □ No  Are you a runaway?  □ Yes  □ No

Are you a foster child or Ward of the State of Alaska?  □ Yes  □ No

Do you have a physical or mental disability?  □ Yes  □ No

Is it hard for you to read, write, or speak English?  □ Yes  □ No

Are you now or have you ever been in jail or on probation or parole?  □ Yes  □ No

Are you being treated for alcohol or drug abuse?  □ Yes  □ No

ECONOMIC STATUS: In the past 6 months have you, or your parents, received any of the following:
 □ ATAP  □ General Assistance (GA)  □ Food Stamps  □ Supplemental Security Income (SSI-SSA)
 □ Tribal Assistance for Needy Families (TANF)  □ Social Security Disability Insurance (SSDI)

FAMILY INCOME:

Please list all family members and their total earned income during the past 6 months.
Enter a zero in the income column if the person had no earnings or income. Family is defined as two or more persons related by blood, marriage, or decree of court that are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife, and dependent children; or (B) A parent or guardian and dependent children; or (C) A husband and wife. (Decree of court means guardianship or adoption.)

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>$_______</td>
</tr>
<tr>
<td>Mother</td>
<td>$_______</td>
</tr>
<tr>
<td>Self</td>
<td>$_______</td>
</tr>
<tr>
<td>Spouse</td>
<td>$_______</td>
</tr>
<tr>
<td>Aunt/Uncle</td>
<td>$_______</td>
</tr>
<tr>
<td>Grandparent</td>
<td>$_______</td>
</tr>
<tr>
<td>Cousin</td>
<td>$_______</td>
</tr>
<tr>
<td>Other household member</td>
<td>$_______</td>
</tr>
</tbody>
</table>

$___________ TOTAL 6 Month

Gross Family Income
$___________

Total Family Size _______
Applicant Certification:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.

__________________________________________  _______________________
Applicant Signature                                           Date

__________________________________________  _______________________
Parent or Guardian Signature (If applicant is under age 18)   Date

__________________________________________  _______________________
Workforce Development Specialist Signature                  Date

Equal Opportunity Employer/Program
1/30/2014 Auxiliary aids and services are available upon request to individuals with disabilities
Authorization for Release of Information Form

What is an ‘Authorization for Release of Information’? Your signature on this form gives Kawerak, Inc. Youth Employment Services permission to ask for information about your current and past finances and monetary assistance from employers, past employers, program assistance offered through the State of Alaska, such as Department of Public Assistance and the Department of Labor. Additional information will also be requested from other Kawerak programs, the Bering Strait School District, Educational Facilities (School Districts, Universities, Colleges, Vocational Training, NACTEC), Tribal Vocational Rehabilitation, Native IRAs, Organizations and Corporations, Financial Institutions, Landlord/Rental Agent, Private Individual Reference, Medical Providers, Alcohol/Substance Assessment and Treatment Records, Corrections or Juvenile Justice or Other (please list___________________________.

Any requested information shall be used solely in the administration of the Kawerak, Inc. WIA program, including but not limited to: eligibility determination, providing case management and supportive services. A reproduction of this release is as valid as the original.

I Authorize This Release of Information. **Note: all persons in the household who receive any monies listed in the application must sign this release.** This release shall continue until revoked 1 year from date signed.

<table>
<thead>
<tr>
<th>1)</th>
<th>Participant Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2)</th>
<th>Parent 1 or Guardian 1 Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1 or Guardian Printed Name</td>
<td></td>
</tr>
<tr>
<td>Parent 1 or Guardians Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3)</th>
<th>Parent 2 or Guardian 2 Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 2 or Guardian 2 Printed Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4)</th>
<th>Grandparent/Aunt/Uncle/Adult Sibling Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent/Aunt/Uncle/Adult Sibling Printed Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5)</th>
<th>Grandparent/Aunt/Uncle/Adult Sibling Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent/Aunt/Uncle/Adult Sibling Printed Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6)</th>
<th>Grandparent/Aunt/Uncle/Adult Sibling Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent/Aunt/Uncle/Adult Sibling Printed Name</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Date</td>
</tr>
</tbody>
</table>
Letter of Interest

Why are you interested in gaining work experience? And what makes you a good candidate for the Summer Youth Employment Program? Please write a letter with a minimum of 250 words that states your interests and goals.
Appeals Process

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (15) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant’s request. The applicant must submit a written request to the Division Vice-President of Kawerak, Inc. requesting a hearing and explaining the reasons for which the hearing is requested. The hearing will be held within ten (5) days. The Division Vice-President of Kawerak, Inc. shall notify the applicant in writing of the date and time of the hearing.

When a hearing is requested, the appropriate program staff will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the Division Vice-President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant’s responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the Vice-President’s decision within five (5) days of the hearing and any further avenues of appeal.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (10) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant’s request. The applicant must submit a written request to the President of Kawerak, Inc. of the requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the Division Vice-President will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the President. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant’s responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information. Individuals filing an appeal shall be informed of the President’s decision within five (5) days of the hearing and any further avenues of appeal.

At any time during the appeals process, the applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense. Hearings may be re-scheduled under extenuating circumstances. Applicant grievances shall take no longer and be resolved within 60 days.

If the applicant continues to be dissatisfied, the grievant may appeal at the Federal level. Questions about or complaints alleging a violation of the nondiscrimination provisions of WIA section 188 may be directed or mailed directly to: the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW, Washington, D.C. 20210