



## KAWERAK, INC.

Education, Employment, and Supportive Services  
Summer Youth Employment Program  
P.O. Box 948  
Nome, AK 99762

Phone: 907-443-4351  
Toll Free: 1-800-450-4341  
Fax: 907-443-4485 or  
907-443-4479  
Email: [intake@kawerak.org](mailto:intake@kawerak.org) or  
[msheldon@kawerak.org](mailto:msheldon@kawerak.org)

# Summer Youth Employment Program Application Packet for 2019 for Youth Ages 14-24

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 29, 2019**

**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?**
- \_\_\_ **SYP Application with Signature**
- \_\_\_ **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.**

2019 POVERTY GUIDELINES FOR ALASKA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,530 for each additional person.	
1	\$15,600
2	\$21,130
3	\$26,660
4	\$32,190
5	\$37,720
6	\$43,250
7	\$48,780
8	\$54,310

*If you need help with your application or if you have any questions, please contact our Summer Youth Coordinator at 443-4351 or toll free at 1-(800) 450-4341. Quyanna!*

**Kawerak Summer Youth Employment Program  
2019 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.)

Father	\$ _____
Mother	\$ _____
Self	\$ _____
Spouse	\$ _____
Aunt/Uncle	\$ _____
Grandparent	\$ _____
Cousin	\$ _____
Other household member	
\$ _____	<b>TOTAL 6 Month</b>
<b>Gross Family Income</b>	
\$ _____	
<b>Total Family Size</b>	_____

- Do NOT include:**
- Alaska Permanent Fund Dividend
  - Alaska Temporary Assistance Program (ATAP)
  - Temporary Assistance to Needy Families (TANF)
  - Tribal General Assistance
  - Refugee Cash Assistance
  - Workers Compensation lump sum settlement
  - Supplemental Security Income (SSI)
  - Aid to the Disabled
  - Aid to the Blind
  - Child Support
  - Senior Assistance
  - Military Income (active duty or veterans benefits)

**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.

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**Applicant Signature** **Date**

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

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**Workforce Development Specialist Signature** **Date**

Kawerak, Inc.  
Education, Employment, & Training  
Youth Employment Services

**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.

1) \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

3) \_\_\_\_\_  
Parent 2 or Guardian 2 Signature

\_\_\_\_\_  
Parent 2 or Guardian 2 Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

5) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

2) \_\_\_\_\_  
Parent 1 or Guardian 1 Signature

\_\_\_\_\_  
Parent 1 or Guardian Printed Name

\_\_\_\_\_  
Parent 1 or Guardians Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

4) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

6) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

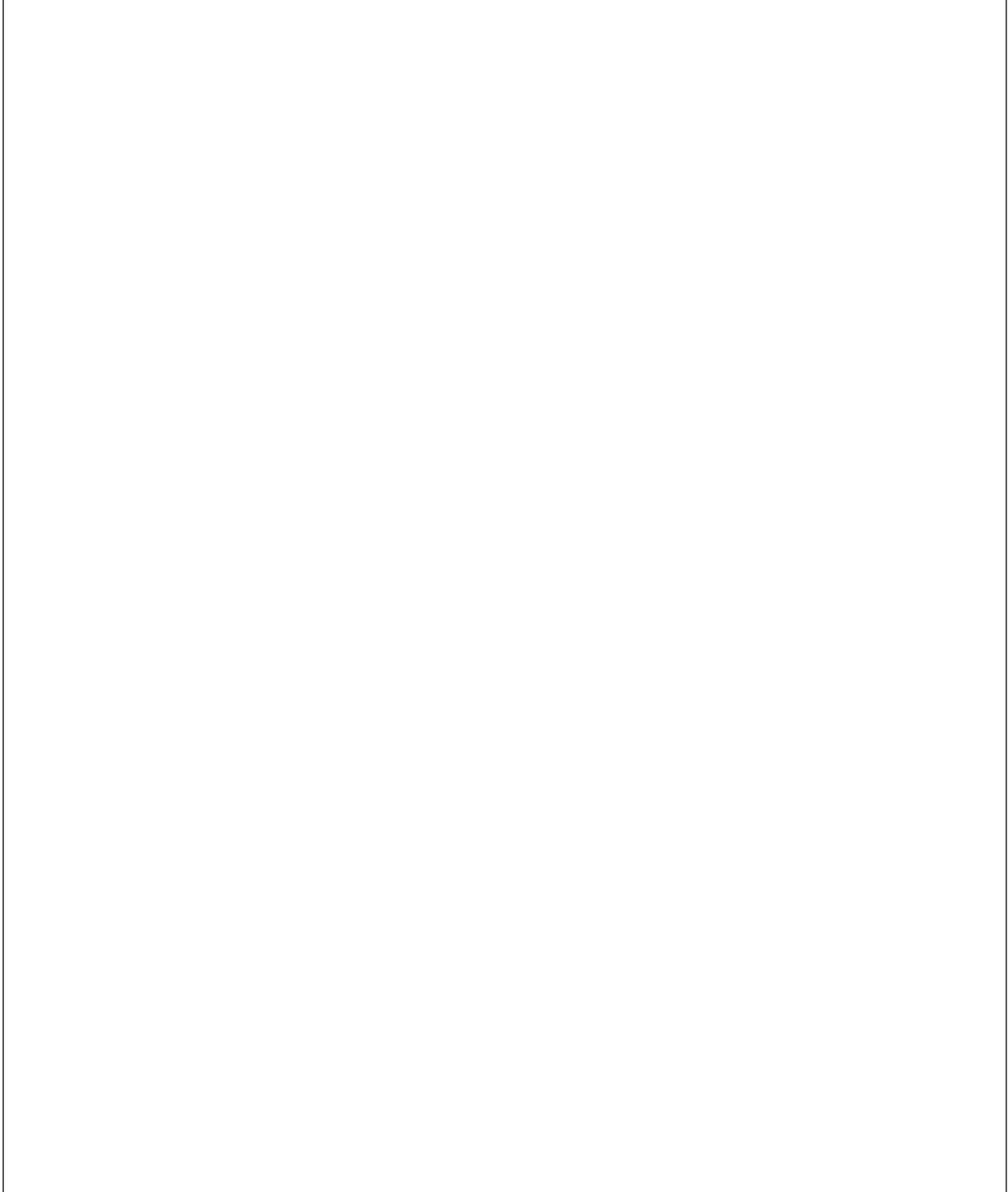
\_\_\_\_\_  
Social Security Number

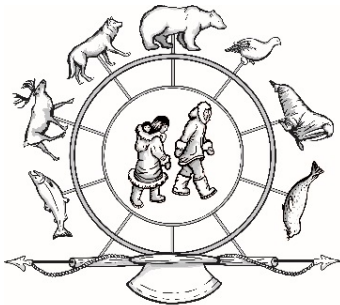
\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

### 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.

A large, empty rectangular box with a thin black border, intended for the student to write their letter of interest. The box occupies most of the page below the instructions.



**KAWERAK, INC.**

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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](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://www.kawerak.org)

### **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