

**Bristol Bay Native Association
Workforce Development Center
PO Box 310
Dillingham, Alaska 99576
(907)842-2262
Fax: (907)842-3498**

The Bristol Bay Native Association Workforce Development Center has created one application for students applying for financial assistance for the higher education and training programs.

Please mail or fax completed application and documents to ensure no delays.

Eligibility determination may take up to 30 days.

REQUIRED DOCUMENTS FOR: Higher Education, AVT and Employment/Training students.

- Completed Application
- Acceptance letter from School
- Most recent transcripts
- Copy of Student Aid Report (FAFSA)
- Budget Forecast Sheet
- Copy of Tribal Card
- Copy of State ID

Additional documents for TRAINING students

- Required documents listed above
- Letter of Intent from employer
- Individual Development Plan (Page 9)
- Proof of residency and required documents (Pages 10 and 11)
- Proof of additional resources (BBNA does not provide 100% of training funds)
- Most recent pay stubs
- Copy of previous year's income taxes
- Most recent bank statements

Note: All information submitted in and with this application is CONFIDENTIAL and will only be used as a tool for consideration of applicants request for funding by BBNA Workforce Development Center

BIA Education grants

The Education Program may provide a BIA grant to Alaska Native students who meet the following requirements:

BBNA accepts Higher Education applications from full time and part time students who are in need of financial assistance to attend various schools that have college degree programs. The requirements of eligibility are:

Prove tribal affiliation with a BBNA compacting tribe who is at least 1/4 degree Indian, Eskimo, or Aleut blood descendant of a member of a tribe who has an authorizing resolution to BBNA

Provide proof of tribal enrollment status in one of the following communities:

Bristol Bay Villages:

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake
Clarks's Point	Dillingham	Egegik	Ekwok
Ekuk	Igiugig	*Iliamna	Ivanof Bay
Kokhanok	King Salmon	Koliganek	Levelock
Manokotak	Naknek	Newhalen	New Stuyahok
*Nondalton	*Pedro Bay	Perryville	Pilot Point
Portage Creek	Port Heiden	South Naknek	*Togiak
Twin Hills	Ugashik		

*Can not provide **higher education** services please contact tribal council

AVT and Training Students

The Adult Vocational Training and Training program may provide a BIA grant to Alaska Native students who meet the following requirements:

Must be a current resident of one of the Bristol Bay communities who has an authorizing resolution to Bristol Bay Native Association. Prove tribal affiliation with a BBNA compacting tribe who is at least 1/4 degree Indian, Eskimo, or Aleut blood descendant of a member of a tribe who has an authorizing resolution to BBNA

Provide proof of residency in one of the following communities:

Bristol Bay Villages:

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake
Clarks's Point	Dillingham	Egegik	Ekwok
Ekuk	*Igiugig	*Iliamna	Ivanof Bay
Kokhanok	King Salmon	Koliganek	Levelock
Manokotak	*Naknek	*Newhalen	*New Stuyahok
*Nondalton	*Pedro Bay	Perryville	Pilot Point
Portage Creek	*Port Heiden	South Naknek	*Togiak
Twin Hills	Ugashik		

*Can not provide **training** services please contact tribal council

Bristol Bay Native Association
Workforce Development Center
Education and Training Application

Personal Information:

First Name: _____ Last Name: _____
SSN: _____ Student ID # _____
Date of Birth: _____ Female Male Veteran: Yes No
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell phone number: _____
E-Mail Address: _____

Are you a US citizen? Yes No If no, Work permit number _____

Community and State of Residency: _____
Name of tribal village enrolled with: _____

Please submit a copy of your tribal card

Marital Status: Single Married Widowed Divorced Separated Living as a Couple

Other Household Members:

Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you previously received any type of services from BBNA Workforce? Yes No

If answered yes, when & what type of services? Date of Service _____

Child Care Assistance Supportive Services General Assistance

Adult Vocational Training Employment and Training TANF

Higher Education Vocational Rehabilitation Other _____

Individual with a disability. Please pick one

Yes Yes and disability results in a substantial barrier to employment No

Comment:

SCHOOL INFORMATION

Have you applied for admission? Yes No Been accepted? Yes No

Institution you plan on attending: _____

(You must attach letter of acceptance)

School Mailing Address _____

Class Standing: Freshman Sophomore Junior Senior Masters

Enrollment Status: Full Time (At least 12 credits or more) Part Time (At least 6 credits)

Expected Degree or Certificate:

- Associate of Arts
- Bachelor of Arts
- Masters
- Other: Vocational Training Certificate
- Associate of Applied Science
- Bachelor of Science
- Doctorate

Academic Information:

High School attended: _____ Graduation Date: _____ GED Date: _____

Education History Previous College or Training attended

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
Technical/Trade:			From: To:	
College: (list all attended)			From: To:	
Other Training/Education:			From: To:	

a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)

Most recent College GPA Semester credits earned _____ Cumulative _____
 Total # of Credits earned _____

Please submit a copy of your most recent transcripts

Employment History

Last or Present Employer		Job Title:
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____	State _____ Zip Code _____	
Supervisor's Name _____ Phone _____		
Number _____		
Base Salary: _____	Dates Worked: _____	Reason for Leaving:
	From _____ To _____	
Employer		Job Title:
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____	State _____ Zip Code _____	
Supervisor's Name _____ Phone _____		
Number _____		
Base Salary: _____	Dates Worked: _____	Reason for Leaving:
	From _____ To _____	
Employer		Job Title:
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____	State _____ Zip Code _____	
Supervisor's Name _____ Phone _____		
Number _____		
Base Salary: _____	Dates Worked: _____	Reason for Leaving:
	From _____ To _____	

Barriers to employment: Check off barriers

- Single Head of Household Lack of child care Homelessness
 Substance Abuse Issues Disabled Individual Offender
 Pregnant Parenting Teen High School Dropout/No GED Not in Labor Force
 Limited English proficiency Reading Skills below 7th grade Math skills below 7th grade
 Public Assistance TANF recipient Lacks significant work history
 Unemployment 15+ weeks Currently employed/low income
 Last employment date _____

Please check off your skills:

- CDL Heavy Equipment Operator Haz-Mat Certificate CPR First Aid
 10-Key calculator Multi-line phone Fax Machine Copy Machine Typing _____ WPM
 Mechanic Carpentry Laborer Plumbing or Electricity Beading/Skin Sewing/carving
 Other _____
 Computer skills:

Financial Information

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

BBNA will not provide for 100% of your training costs. **Please submit a copy of your SAR from FAFSA**

Did you apply for FAFSA? Yes No Are you receiving Pell? Yes No If yes, how much? _____

Actual cost (Expenses)

Student's Contribution (Resources)

<u>Description</u>	<u>Amount</u>	<u>Description</u>	<u>Amount</u>
Tuition	_____	Savings	_____
Fees	_____	BBNA	_____
Books	_____	BBNC	_____
Room	_____	BBEDC	_____
Board	_____	State WIA	_____
Transportation	_____	Permanent Fund Dividend	_____
Tools	_____	Student Contribution	_____
Miscellaneous	_____	Pell	_____
Other	_____	Student Loans	_____
Other	_____	Other Sources	_____
Total	\$ _____	Total	\$ _____

FINANCIAL NEED

Total School Year Expenses (Expenses)	_____
Total Amount of Funds Approved (Resources)	_____
Total Estimated Financial Need	_____

I certify that the information given on the above pages are true to the best of my knowledge. I understand that this information may be confirmed prior to funding. I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected I understand that if I have deliberately given false information, services from BBNA Workforce Program may immediately terminate.

Signature _____ Date _____

**Bristol Bay Native Association
Workforce Development Center**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information needed by the Bristol Bay Native Association Workforce Development Center contained in city councils, village councils, state, federal, private, or educational agencies' records to the organization below:

BRISTOL BAY NATIVE ASSOCIATION
Workforce Development Center
P. O. Box 310
Dillingham, Alaska 99576
Fax Number (907) 842-3498

This authority shall continue in effect until this student is no longer enrolled in the educational program.

Signature _____ Date _____

I hereby authorize BBNA and the awarding organization to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education and training In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Educational Program.

Signature _____ Date _____

FOR INTERNAL USE ONLY Village Tribally Enrolled In: _____ Verified By: _____ Title/Organization _____ Date: _____
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FOR INTERNAL USE ONLY Assigned CIF # _____ Date Entered _____ Staff Initials _____ Referrals: _____

BRISTOL BAY NATIVE ASSOICATION FINANCIAL AID BUDGET NEED SHEET

To Be Completed by Student

Student Name _____

Phone Number/Cell Number _____

Social Security Number/Student Id # _____

Email Address _____

Name of Institute Attending _____

Financial Aid Office Number _____

Class Standing: Freshman Sophomore Junior Senior Masters or Graduate

Full Time (At least 12 credits or more) Part Time (At least 6 or more credits)

Student Release: I hereby authorize release of all information needed by the Bristol Bay Native Association Workforce Development Center contained in education institutions, financial institutions, State, Federal, and private agencies records to:

Bristol Bay Native Association
Workforce Development Center
PO Box 310
Dillingham, Alaska 99576

Student Signature _____

Date _____

THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER

SCHOOL ON _____ SEMESTERS _____ QUARTERS _____

School/Training Expenses

Tuition _____

Fees _____

Books _____

Supplies _____

Room _____

Board _____

Other _____

Total Expenses

Cost _____

Student Resources and Institution Awards

Type of Aid	Fall	Winter	Spring	Total
Pell Grant				
College Scholarship				
College Work Study Program				
Subsidized Direct/FFEL Stafford Loan				
National SMART grant				
Federal Perkins Loan				
Alaska Student Loan				
Unsubsidized Direct/FFEL Stafford Loan				
Tuition Exemption				
Veterans' Benefits				
BBNA Grants				
Other Scholarships				
Total Resources				

Total School Training Expenses _____

Total Resources _____

Total Unmet Need _____

FINANCIAL AID OFFICERSIGNATURE _____

PRINTNAME _____ TITLE _____ DATE _____

Return this form to BBNA WFD Fax (907)842-3498 or PO Box 310
Dillingham, Alaska 99576

For BBNA USE Only
Max. Yearly Funding _____
of Dep. _____
Unmet Need _____
Student Award Year _____
Dep. Allowance _____
Total Yearly Funding _____
Fall _____
Winter _____
Spring _____

TO BE COMPLETED FOR TRAINING STUDENTS ONLY

AFFIDAVIT OF RESIDENCY

Name: _____
(please print)

Address: _____ City/State: _____

Social Security #: _____ Phone: _____

How long at this address: _____ Date: _____

Residency Requirements

The Bristol Bay Native Association, by federal regulations, requires that anyone seeking services from BBNA Adult Vocational Training/Short Term Training program be a resident of one of the 31 Bristol Bay communities.

Definition of a BBNA community resident: A person who has resided (lived) in the community for a period of 30 consecutive days or more **prior to application** and continues to live in that community. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 31 Bristol Bay communities you **must** provide the following documentation:

- A verification of residency form from either the city council or village council. (Verification form) In addition, you **must** provide a **State of Alaska photo ID** and at least one of the following documents:
 - A copy of your Permanent Fund Dividend Check stub that shows your address.
 - Copies of current utility bill receipts in your name from your residence.
 - A copy of your most recent pay check stub that shows your address.
 - A copy of your recent AFDC or food stamp benefit receipts.
 - Voters registration card

If you are out of the community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes; military service; or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying attendance during the previous year, if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.

A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

I, _____ **certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter administered by Bristol Bay Native Association Workforce Development Center.**

SIGNATURE: _____ DATE: _____



BBNA Workforce Development Center

VERIFICATION OF RESIDENCY FOR TRAINING STUDENTS ONLY

It is a requirement of the Bristol Bay Native Association that individuals applying for training services from BBNA be a resident of one of the 31 communities that BBNA represents. **An authorized representative of the village tribal council or the city government must complete this Verification of Residency.**

Bristol Bay communities:

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake
Clarks's Point	Dillingham	Egegik	Ekwok
Ekuk	Igiugig	Iliamna	Ivanof Bay
Kokhanok	King Salmon	Koliganek	Levelock
Manokotak	Naknek	Newhalen	New Stuyahok
Nondalton	Pedro Bay	Perryville	Pilot Point
Portage Creek	Port Heiden	South Naknek	Togiak
Twin Hills	Twill Hills	Ugashik	

Definition of a community resident: *A person who has resided (lived) in the community for a period of 30 days or more immediately prior to application and continues to live in that community. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.*

I verify that _____ (Name)

is

is not

a resident of _____, and

has been

has not been

residing in this community for the past thirty (30) days.

This Section MUST Be Signed Off By A Representative Of A Tribal/City Government

Signed by: _____ Date: _____

Print Name: _____ Organization: _____

Contact Phone Number _____

Thank you for your assistance. If you have questions, please call BBNA Workforce at 1-888-285-2262 (IN STATE ONLY) or (907) 842-2262