

WORKFORCE DEVELOPMENT CENTER ADULT VOCATIONAL TRAINING PROGRAM

BBNA Adult Vocational Training (AVT) Program

P.O. Box 310 Dillingham, AK. 99576: (907) 842-2262; Fax (907)842-3498



ELIGIBILITY REQUIREMENTS: (please check off)

The Adult Vocational 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

BBNA accepts AVT applications from **residents** who are in need of financial assistance to attend various voc-tech schools that have certificate and diploma programs. The requirements of eligibility are:

- 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

- Complete BBNA Adult Vocational Training Funding Application
- Provide completed Budget sheet
- This program does NOT fund 100% of your training expenses.**
- Proof of other sources of funding awarded to applicant
- Provide a copy of your high school diploma or GED or a copy of your most recent educational or vocational transcripts
- Letter of Intent from an employer
- Acceptance letter from the school you are applying
- Signed Release of information form
- Proof of Residency and required documents
- Signed Participation Agreement Form

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.

**Bristol Bay Native Association Workforce Development Center
Education Program
Training Application**

Name: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____ Email _____

Are you a U.S. citizen? ___ Yes ___ No Are you a veteran? _____ Male ___ Female _____

Are you tribally enrolled? _____ Name of village enrolled in _____
Attach copy of tribal card

ACHIEVEMENTS: Present GPA: _____ Cumulative GPA: _____
Please submit your most recent transcripts

Enrollment Status: _____ **Semesters/Quarters you will attend**

Full Time (At least 12 credits or more) Fall Winter Spring

Institution you plan on attending: _____
(You must attach letter of acceptance)

Address _____

Major: _____ **Expected Graduation Date:** _____

Expected Degree or Certificate: _____

Please check all items that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Lack of formal training | <input type="checkbox"/> Lack of experience |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Welfare Recipient (GA or ATAP) |
| <input type="checkbox"/> Lack of reliable transportation | <input type="checkbox"/> Lack of appropriate clothing |
| <input type="checkbox"/> Inadequate child care | <input type="checkbox"/> Drug/ Alcohol problem |
| <input type="checkbox"/> Lack of food | <input type="checkbox"/> Pregnancy needs |
| <input type="checkbox"/> Lack of money for daily expenses | <input type="checkbox"/> Dental Care Needs |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Trouble with Vision |
| <input type="checkbox"/> Problems with children | <input type="checkbox"/> Trouble with Hearing |
| <input type="checkbox"/> Inadequate Housing | <input type="checkbox"/> Trouble with Reading/Writing |
| <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Trouble speaking or understanding English |
| <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Physical Limitations |

OTHER HOUSEHOLD MEMBERS

List ALL household members, for additional members, use back of this page:

LAST NAME	FIRST NAME	MI	Relationship	DOB/
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education History

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
Technical/Trade:			From: To:	
College: (list all attended)				
Other Training/Education:				
a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)				

Employment History

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

BRISTOL BAY NATIVE ASSOCIATION

Employability Development Plan Information

The training services you received from BBNA Workforce Development will be based largely on your response to the questions below. Answer these questions to the best of your ability.

1. What schools are you considering to get the training you are requesting? _____
2. Have you contacted/applied to any of these schools? _____ Have you been accepted at any of them? _____ Do you need more information about schools that offer the type of training you are interested in? _____
3. Do you plan to become employed immediately following completion of your training? _____
4. What job are you considering after completion of your training? _____

5. Do you have a letter of intent from an employer that states they are interested in considering you for employment after completion of your training? _____ yes _____ no (A copy of this letter must be attached.) When do they anticipate hiring you? _____

6. If you do not have a job lined up after completion of this training, what job would you like to have within the next year? _____
7. What job would you like to have within the next 2-4 years? _____
8. Who would you like to work for within the next year? _____
9. Why are you interested in these jobs? _____

10. Can you make a living doing this type of work in your community? _____
In the Bristol Bay Region? _____
Who is the potential employer for this line of work in your community or in the Bristol Bay region? _____
11. Are you willing to move to another community in order to gain employment in the field you are being trained? Yes _____ No _____ If yes, where? _____

12. Do you commercial fish during the summer? _____ If yes, would you continue to fish if a job requiring your skills were available? _____

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

Name of Scholarship, grant etc.	Expected date of notification	Amount requested	Amount received/approved

Total Financial Aid Received
School Year Expenses

--

Tuition	
Fees/Dues	
Room/Rent	
Meals/Food Expenses	
Books/Supplies	
Travel	
Child Care	
Miscellaneous: Clothing Entertainment	
Total School Year Expenses	

Financial Need:

Total School Year Expenses	
Total Amount of Funds Approved	
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 Education Program may immediately terminate.

Signature

Date



BBNA

VERIFICATION OF RESIDENCY

It is a requirement of the Bristol Bay Native Association that individuals applying for 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.

Signed by: _____ Date: _____

Organization: _____ Date: _____

Thank you for your assistance. If you have questions, please call BBNA Education Program at 1-888-285-2262

AFFIDAVIT OF RESIDENCY

Name: _____
(please print)

Address: _____ City/State: _____ Zip: _____
Social Security #: _____ Phone: _____ Fax: _____

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 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.

SIGNATURE: _____ DATE: _____

Authorization for Release of Information

I hereby authorize the release of all information needed by the BBNA Workforce Development Center contained in City Councils, Village Councils, State, Federal, Private or Educational Agencies' records to the organization listed below:

***Bristol Bay Native Association
Workforce Development Center Education/Training Program
PO Box 310
Dillingham, Alaska 99576.***

This information is needed for verification of eligibility for:

PRINT NAME

This authority shall continue in effect until this client is no longer in need of BBNA's Workforce Development Center's services.

In addition, I hereby authorize BBNA Workforce Development Center to publicize my name, institution, type of training, how long the training program was, and village of residency to further encourage people of the Bristol Bay region to seek higher education and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Education and Training program.

Furthermore; that authorization is being given to the BBNA Workforce Development Center to proceed on my behalf to provide employment assistance services including (but not limited to):

- 1. Referral to potential employers*
- 2. Inclusion in a Workforce Data Bank*

Signature

Date

**BRISTOL BAY NATIVE ASSOCIATION
HIGHER EDUCATION PROGRAM
BOX 310
DILLINGHAM, ALASKA 99576
(907)842-2262 OR 1-888-285-2262
Fax Number (907)842-3498**

PARTICIPANT AGREEMENT

AS A PARTICIPANT IN THE VOCATIONAL TRAINING PROGRAM, I AGREE TO THE FOLLOWING:

1. Attendance is mandatory; unexcused absences may result in the reduction or termination of funding from the Bristol Bay Native Association. It is my responsibility to report all absences to my training institution. If I am absent for more than two days, I must submit a doctors statement to them. Excessive absences or failure to attend class without good reason is grounds for termination from the Vocational Training Program.
2. Students must carry at least the minimum workload for a full-time student; (12 credits, or the minimum program requirements set by the training institution). Satisfactory progress must be maintained (a 2.0 GPA for each term and as a cumulative average or any other standard set up by the training institution as minimum satisfactory progress). Failure to carry the minimum workload and/or to maintain satisfactory progress is grounds for termination from the Vocational Training Program.
3. Students must send BBNA progress reports, copies of registration slips, and final grades for each term, Progress reports must be sent in monthly and signed by the student's instructor(s).
4. Students are responsible for informing BBNA of any change in their financial status. This includes receiving of any other scholarship awards and work income of the student or spouse.
5. Students are responsible for informing BBNA of any change in their address, enrollment or if they have withdrawn from their training program.
6. Students are required to follow all school rules and regulations, including dormitory rules if they live in a dorm.
7. Students may not drink alcohol if it in anyway interferes with their performance in their training program. BBNA strongly recommends that students not drink alcohol. The use of other intoxicants or non-prescription drugs is prohibited.
8. Any tools purchased by BBNA as part of a students training program remain the property of BBNA until such time as a student successfully completes his/her training.
9. Financial assistance may be provided by BBNA for those students whom BBNA determines to have financial need. In no instance will a stipend for living expenses exceed the schedule rates set by the BIA. Requests additional funding from BBNA must fully document the need for the additional funding and are subject to approval with BBNA. BBNA will make tentative financial awards based upon projected levels of funding. However, financial assistance from BBNA depends upon the availability of federal funding.

10. BBNA reserves the right to refuse payment of return transportation expenses for those students who are expelled from or dropped out of training.

11. Students will have to repay the amount of any payment they receive from BBNA if they are not entitled to receive it and if the fault of the overpayment is theirs. If the fault of the overpayment is not theirs, they may not have to repay it, but BBNA may deduct the amount of the overpayment from later scheduled payments.

12. Participation in the Vocational Training Program in no way makes BBNA liable for any debts incurred by a student before, during or after his/her participation.

13. Students who, for any reason not approved in advance by BBNA, do not successfully complete their training program, may lose their future eligibility to participate in the Vocational Training Program.

14. Students may appeal any action or inaction of the part of BBNA following the procedures outlined in the Employment & Training Departments Client Grievance Procedure.

I have read and understand my rights and responsibilities as a participant in the Vocational Training Program of BBNA. I am fully aware that failure on my part to comply with any of the conditions of this Participant Agreement may result in my immediate termination from the program and/or loss of future eligibility to participate in the program at the discretion of BBNA.

Participant Signature

Date

