Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

WFD APPLICATION

NAME: _____
(First) (Middle) (Last) (Also known as / Maiden Name)

SOCIAL SECURITY # ____ - ____ - ____ **DATE OF BIRTH:** ____ / ____ / ____ **GENDER:** ☐ Male ☐ Female

MAILING ADDRESS: _____
(P.O. Box #) (City) (State) (Zip Code)

PHYSICAL ADDRESS: _____
(Street Address) (City) (State) (Zip Code)

HOME # (____) ____ - ____ **WORK #:** (____) ____ - ____ **CELL #:** (____) ____ - ____

EMAIL ADDRESS: _____

TRIBAL ENROLLMENT: (Please circle one or indicate "Other" and provide a Copy of Tribal Card)

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

Bristol Bay Native Corporation (BBNC) Shareholder? ☐ No ☐ Yes BBNC Shareholder Descendant? ☐ No ☐ Yes

ETHNICITY: ☐ Alaska Native ☐ American Indian ☐ Asian ☐ African American ☐ Hispanic or Latino
☐ Native Hawaiian ☐ Pacific Islander ☐ Caucasian ☐ Other: _____

UNITED STATES CITIZEN? ☐ Yes ☐ No – Work Permit #_____

SELECTIVE SERVICE REGISTERED: ☐ Yes ☐ No **VETERAN:** ☐ No ☐ Yes - **Date of Discharge:** ____ / ____ / ____

FAMILY / LIVING SITUATION: (Please check ALL that apply)

MARITAL STATUS: ☐ Single ☐ Living as a Couple ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

FAMILY STATUS: ☐ Single Individual ☐ One Parent Family ☐ Two Parent Family ☐ Teen Parent ☐ Pregnant

LIVING SITUATION: ☐ Own Home ☐ Rent Home ☐ Rent Room ☐ Multi-family Home ☐ Overcrowded Living Situation

☐ Homeless-Describe:_____ ☐ Other-Describe:_____

EDUCATIONAL STATUS: ☐ Student: Current Grade:_____ ☐ HS Dropout: Highest Grade Completed: _____

☐ High School Graduate – Year:_____ ☐ GED Graduate – Year: _____ ☐ Some College/No Degree

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

EMPLOYMENT HISTORY: (Last or Present) Number of Jobs within the last year: _____

Employer:_____ Job Title:_____

Supervisor Name:_____ Phone #:_____

Brief Descript of Job Duties:_____

Salary: ☐ Starting Hourly Wage: $_____ ☐ Ending Hourly Wage: $_____

☐ Seasonal Wage: $_____ ☐ Annual Wage: $_____

Dates Worked: From: (Month/Year)_____ To: (Month/Year)_____

Reason for Leaving_____

EMPLOYMENT SKILLS: (Please check ALL that apply)

☐ Alaska Driver's License ☐ Commercial Driver's License ☐ Heavy Equipment Operator ☐ Hazwoper Certification

☐ CPR/First Aid Certified ☐ Asbestos Certification ☐ Electrician ☐ Carpenter ☐ Mechanic ☐ Plumber

☐ Welder ☐ Laborer ☐ Flagger Certified ☐ Fisherman - Permit Holder: ☐ Yes ☐ No - ☐ Set-Net or ☐ Drift

☐ Subsistence Provider ☐ Other Self Employment ☐ Traditional Craftsman: Carving/Beading/Sewing

☐ BBNA Child Care Provider ☐ State Licensed Child Care Provider

☐ Multi-line Phone System ☐ Fax Machine ☐ Copy Machine ☐ 10-Key Calculator ☐ Typing – WPM:_____

☐ Computer Skills: ☐ Word Processing ☐ Excel ☐ PowerPoint ☐ Publisher ☐ Outlook ☐ Web Design ☐ CAD

Other Software:_____

Additional Skills:_____

CURRENT EMPLOYMENT STATUS: (Please check ALL that apply)

☐ Full-time Employed ☐ Part-time Employed ☐ Seasonal Employed-In Season ☐ Seasonal Employed– Not in Season

☐ Hold Multiple Jobs ☐ Unemployed ☐ Collecting Unemployment – 15+ weeks: ☐ Yes ☐ No

☐ Dislocated Worker ☐ Migrant Worker ☐ Not in the Labor Force

☐ On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)

☐ Receiving ☐ Received within last 6 months ☐ Long-term TANF/GA Recipient

EMPLOYMENT BARRIERS: (Please check ALL that apply)

☐ Currently Employed- Low Income ☐ Lack of Child Care ☐ Lacks Significant Work History ☐ Lack of work in Village

☐ Living in a Rural Area ☐ Homemaker ☐ Limited English Proficiency- Require translator- ☐ Yes ☐ No

☐ Substance/Alcohol Abuse ☐ Never had Driver's License ☐ License Revoked/Suspended ☐ No Transportation

☐ Documented Disability ☐ No ☐ Yes-Describe:_____

☐ In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date:_____/_____/_____

☐ Working with Office of Child Services (OCS) ☐ Yes ☐ No

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?** ☐ Yes ☐ No

EMPLOYMENT CRIME BARRIERS: (Please check ALL that apply)

☐ In Correctional Facilities – Release Date:_____/_____/_____ ☐ Open Court Case/s - ☐ Yes ☐ No

☐ Offender – Probation ends:_____/_____/_____ ☐ Felony ☐ Misdemeanor

☐ On Third Party Custody – Release Date:_____/_____/_____ ☐ None of the above

EMPLOYMENT GOALS: (Please check ALL that apply)

☐ Obtain a Job ☐ Retain Current Job ☐ Advance in Current Job

☐ Obtain Alaska Driver's License/Commercial Driver's License (CDL)

☐ Earn High School Diploma ☐ Obtain GED ☐ Earn College Degree ☐ Earn Vocational Certificate ☐ Educational Gain

☐ Receive Child Care Assistance ☐ Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

PRIORITIZED GOALS:

☐ **Employment Goal**_____ Anticipated Completion Date: _____/_____/_____

☐ **Training Goal**_____

(Name of School) (Name of Program)

Anticipated Start Date: _____/_____/_____ Anticipated Completion Date: _____/_____/_____

☐ **Education Goal**_____

(Name of School) (Type of Degree) (Major)

Anticipated Start Date: _____/_____/_____ Anticipated Completion Date: _____/_____/_____

☐ **Other Goal**- Describe: _____ Anticipated Completion Date: _____/_____/_____

HOUSEHOLD MEMBERS: (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

Types of Income: (Please use code in Type of Income column)

WA – Wages
SEA – Seasonal Work / Fishing
SE – Self Employment
DI – Dividends
SSI – Supplemental Security Income
SSA – Social Security
PFD – Permanent Fund Dividend
GR – General Relief
OT – Other (Explain)
TT – Tribal TANF
WC – Workers Compensation
BP – Bingo / Pull-tab Winnings
UI – Unemployment Benefits
TI – Tips and Gratuity
RI – Rental Income
VB – Veterans Benefits
FLS – Family Support (Explain)
FC – Foster Care Payments
BIA – BIA General Assistance
SL – Student Loans / Grants
IN – Interest
CS – Child Support & Alimony
APA – Adult Public Assistance
PE – Pension (Other than VB)
CO – Cash out Retirement / Pension

Household Income: (Please list ALL household members' income; provide copies of all household income)

Household Member Name	Type of Income Code	Weekly Bi-weekly Semi-Monthly Monthly Annually Seasonal	Gross Income Amount	Form of Proof	Last day received or worked

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 ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA. I have read, and understand my rights and responsibilities.

PRINT:_____ **SIGNATURE:** _____ **DATE:**_____

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AUTHORIZATION FOR RELEASE OF INFORMATION

A COPY OF THIS RELEASE IS AS VAILD AS THE ORIGINAL.

I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.

Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.

Information requested can be sent to: **Bristol Bay Native Association**
Workforce Development Center
P.O. Box 310
Dillingham, AK 99576

Fax: 907-842-3498 or 1-888-285-3498

This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.

PRINT:_____ **SIGNATURE:** _____**DATE:**_____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT:_____ **SIGNATURE:** _____**DATE:**_____

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RIGHTS AND RESPONSIBLITIES

Rights:

- *I shall be treated with respect.*
- *I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."*
- *I understand that all information collected by BBNA WFD will remain confidential within BBNA.*
- *I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services.*
- *I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.*
- *I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.*
- *I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.*

Responsibilities:

- *I will treat BBNA staff with respect.*
- *I will report changes in my households within 10 working days a change occurs.*
- *I will report if a child leaves the home within 5 days.*
- *I will report if someone moves into my home.*
- *I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.*
- *I will report money received from other sources other than working changes by more than $50.*
- *I will report if I move or change a mailing address.*
- *I will report change of schools or training locations.*
- *I will report withdrawing from a higher education or training program.*
- *I will report a change in type of degree or training program attending.*
- *I understand that federal law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or voices up by any trick, scheme or devise a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than $10,000 or imprisoned not more than five years or both.*
- *I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.*
- *I understand that a home visit may be required for program services.*

What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT:_____ **SIGNATURE:** _____ **DATE:**_____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT:_____ **SIGNATURE:** _____ **DATE:**_____

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HIGHER EDUCATION ADDENDUM

Please check the term you are applying for:

☐ **Fall – DEADLINE LAST FRIDAY IN JULY**
☐ **Spring – DEADLINE FIRST FRIDAY IN JANUARY**

☐ **Full-time (12 credits)**
☐ **Part-time (6 credits)**

****Only complete applications will be considered and funding is contingent upon available funds****

Bureau of Indian Affairs (BIA) Education Grants: The Higher Education program may provide a BIA grant to Alaska Native students who meet the following requirements: BBNA Workforce accepts Higher Education applications from full-time and part-time students who are in need of financial assistance to attend various accredited schools that have college degree programs.

Prove **TRIBAL AFFLIATION** with a BBNA compacting tribe who is at least ¼ degree Indian, Eskimo or Aleut blood descendant of a member of a tribe who has an authorizing resolution to BBNA.

Bristol Bay Communities:

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

BBNA cannot provide Higher Education services; please contact Tribal Council for services

NEW APPLICANT REQUIREMENTS:

☐ Complete BBNA Workforce Application *(BBNA WFD App Page 1-5)*
☐ Higher Education Requirements and Responsibilities *(HE Addendum Page 2 of 4)*
☐ Sources of Financial Aid *(HE Addendum Page 3 of 4)*
☐ Financial Aid Budget Forecast Sheet *(HE Addendum Page 4 of 4)*
☐ Acceptance Letter from School
☐ Most Recent Transcripts (Unofficial Transcripts Accepted)
☐ Copy of Student Aid Report (FAFSA Website: http://www.fafsa.ed.gov/ ; print full SAR)
☐ Copy of Tribal Enrollment Card
☐ Copy of State ID

If you have any questions please don't hesitate to contact us.
Best wishes with your academic achievements!

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HIGHER EDUCATION REQUIREMENTS AND RESPONSIBILITIES

Students must reapply for BBNA WFD Higher Education services **each Academic Year:**
Fall Deadline – Last Friday in July; Spring Deadline – First Friday in January

- **Minimum GPA Requirements** are full-time and part-time attendance at a minimum performance level of a 2.0 Grade Point Average (GPA) on a 4.0 grading scale. Full-time attendance is defined as 12 Undergraduate credit hours per semester, or 10 Undergraduate credit hours per quarter, or 9 Graduate credit hours, respectively. Part-time attendance is defined as 6 Undergraduate credit hours, respectively.
- **Awards** will be mailed directly to the Financial Aid Office at the school to be applied towards tuition, books, fees, supplies and on-campus housing.
- **School Transcripts** must be submitted to the BBNA WFD Education Case Worker upon availability at the end of **each term**. Unofficial transcripts accepted.
- **Academic Probation** may be placed on a student who does not meet the minimum GPA and credit requirements for the following term.
- **Academic Suspension** may result if student continues to fail to meet the minimum GPA and credit requirements in subsequent school terms. Students will be **required** to **pay back** any portion of the grant received if, **without mitigating circumstances** in which academic standards were not attained.
- **Academic Suspension Removal** may be earned by students who successfully raise their GPA and earned credit hours at their own expense to regain eligibility for the BBNA WFD Higher Education service.
- **Repayment of services** may be required **if students fails to notify BBNA WFD Education Case Worker within 10 days** of failure to enroll, withdraw, or are expelled from school **without mitigating circumstances**. Notices need to include:

  A. The date of failure to enroll, withdraw, or expulsion

  B. Written statement with supporting documentation stating reason for failure to enroll, withdraw, or expulsion – including mitigating circumstances

  C. A copy of applicant's request to the school that all funds are returned back to BBNA WFD

A notice will be sent to Student for arrangements to pay the balance of funding or issue a waiver from repayment based on mitigating circumstances.

I have read and understand my requirements and responsibilities as a BBNA WFD Higher Education Student. I hereby agree to follow all the rules, regulations and attendance requirements of the BBNA WFD Higher Education services. I understand that if I fail to comply with any of the requirements or responsibilities my services from BBNA WFD Higher Education may immediately terminate.

PRINT:_____ **SIGNATURE:** _____ **DATE:**_____

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SOURCES OF FINANCIAL AID

Please list ALL sources of Financial Aid (Loans, Scholarships, Grants, etc.) applying for. BBNA WFD Higher Education services will not pay for 100% of your educational costs. Please list "Applied, Need to Apply, Approved and Approved Amount, or Denied". This information will help us make any necessary referrals for potential resources that you may be eligible for.

Students Contribution and Resources:	**"Applied, Need to Apply, Approved and Award Amount, or Denied"**
Checking Account – Name of Bank: _____	Recent Balance _____
Savings Account – Name of Bank: _____	Recent Balance _____
Bristol Bay Native Corporation – Education Foundation (BBNC - Shareholders)	_____
Bristol Bay Area Health Corporation (BBAHC –Tribal Enrollment, Health Care Field)	_____
Bristol Bay Economic Development Corporation (BBEDC – CDQ Community Resident)	_____
Bristol Bay Housing Authority (BBHA –Bristol Bay Resident)	_____
Choggiung Limited (Shareholder)	_____
Nushagak Cooperative (Member of service area)	_____
Indian Health Service (IHS – Alaska Native/American Indian, Health Profession Degree)	_____
Association on American Indian Affairs (AAIA)	_____
Alaska Commission on Postsecondary Education (ACPE)	_____
Alaska Native Tribal Health Consortium (ANTHC)	_____
State of Alaska Workforce Investment Act (WIA)	_____
Free Application for Federal Student Aid (FAFSA) – Federal Pell Grant	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Student Loans: _____	_____
Student Loans: _____	_____
TOTAL	_____

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FINANCIAL AID BUDGET FORECAST SHEET

Name:_____ **Student ID#**_____
(First) (MI) (Last)

Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior **Enrollment Status:** ☐ Full-time ☐ Part-time

Terms Attending: (Check all that apply) ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Expected Degree: ☐ Associate of Arts (AA) ☐ Associate of Applied Science (AAS)
☐ Bachelor of Arts (BA) ☐ Bachelor of Science (BS) ☐ Masters

Major:_____ **Minor:**_____

Start Date:_____/_____/_____ **Expected Graduation Date:**_____/_____/_____

*****THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER*****

Academic Year:_____-_____ **School Status:** ☐ Semesters ☐ Quarters

SCHOOL EXPENSES ☐ On-Campus ☐ Off-Campus

Tuition $_____
Fees $_____
Books $_____
Supplies $_____
Room $_____
Board $_____
Other $_____
Expense Total $_____
Resource Total $_____
UNMET NEED $_____

Name and address of Institute:

_____
ATTN: Office of Financial Aid
_____
_____

Phone:_____
Fax:_____

STUDENT RESOURCE AND INSTITUION AWARDS

Type of Aid	Fall	Winter	Spring	Summer	Total
Federal Pell Grant					
College Scholarship					
College Work Study					
Subsidized Direct FFEL Stafford Loan					
National SMART Grant					
Federal Perkins Loan					
Alaska Student Loan					
Unsubsidized Direct FFEL Stafford Loan					
Tuition Exemption					
Veterans Benefits					
Bristol Bay Native Corporation – Ed Foundation					
Bristol Bay Economic Development Corporation					
Other:					
Other:					
Other:					
Total Resources					

PRINT:_____ **SIGNATURE:** _____ **DATE:**_____