



Ninilchik Traditional Council

Tribal Services

P.O. Box 39444

Ninilchik, Alaska 99639

Ph: 907 567-3313 / Fx: 907 567-3308

Web Site: www.ninilchiktribe-nsn.gov

Dear _____,

The Ninilchik Traditional Council (NTC) Tribal Services Department administers the Adult Vocational Training Program (AVT). This program is set up to award financial assistance to eligible Alaskan Natives and American Indians who are unemployed or underemployed and need to obtain higher education to seek a more reasonable job.

Enclosed you will find an application packet. If you need help completing this application, please feel free to give me a call. Once you have completed the AVT application, please send it to me at the address above, fax to me at the above fax or bring it to me at the office. If you have any questions or comments regarding this program, please contact me.

Sincerely,

Shirley Chihuly
NTC, Education Manager

Enclosure

ADULT VOCATIONAL TRAINING CHECKLIST

The following items are part of a complete Adult Vocational Training Application and must be included in your file in the Ninilchik Traditional Council Tribal Services Department **prior** to your being awarded an Adult Vocational Training Grant Award. (Awards are dependent upon availability of funds. For more information call the Education Manager).

- NTC Application for Training or Employment Assistance
- Financial Needs Analysis: Part I – Costs/Expenses
- Financial Needs Analysis: Part II – Financial Resources
- Adult Vocation Training Justification and Comprehensive Training and Employment Plan
- Copy of Bureau of Indian Affairs Certificate of Indian Blood (BIA CIB)
- Proof of Identification (Driver’s License/Birth Certificate)
- Proof of Residency within the NTC Service Area (South of Kasilof River through Homer)
- Three (3) Character References – Ask three people, **other than family members**, who know you well, to write a letter recommending you for training in the career skill which is your highest priority from the list you entered on item 7 of the Adult Vocational Training Justification and Comprehensive Training and Employment Plan. Be sure that the people who write the letters understand that they are to comment on your personal character in relation to whether or not they believe you have the ability and commitment to complete your course of training. Also, be sure that each person who writes a letter in your behalf has the address to which his/her letter is to be mailed.
- Official copy of school transcript or official copy of GED
- Copy of Letter of Acceptance by Training Institute
- Student Aid Report (SAR) from the College Scholarship Service. This is the official response to the Financial Student Aid (FAFSA) which each applicant must submit to the College Board.
- Parental Consent for Client’s under the age of eighteen (18)
- If Client has a family, include: 1. Copy of Marriage Certificate 2. Copy of Child/ren’s Birth Certificate/s
- If Client is a U.S. Military Services Veteran, include an official copy of her/his DD-214 (Dept. of Defense Discharge Document).

U.S. DEPARTMENT OF THE INTERIOR Application No. _____
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

INFORMATION RECORD

Name (Last, First, Middle Initial) _____ Mailing Address: _____ Date of Birth: _____

Telephone #: _____ E-Mail: _____

Veteran _____ Marital Status _____ Number of Dependents _____
____ Yes _____ Single _____ Married _____ Widow _____
____ No _____ Divorced _____ Separated _____ Children in School _____

Applying for _____ Request _____ Agency _____ In case of Emergency: _____
Vocational Training _____ Initial _____ Name: _____
Direct Employment _____ Repeat 1 2 3 _____ Area _____ Address: _____
Other _____ (Circle) _____ Telephone: _____

Education: _____
Highest grade completed _____ Schools attended and Date: _____

Type of training or employment you are interested in: _____

Do you have any physical limitations that would interfere with your training or employment? Yes ___ No ___
If yes, please explain _____

Have you had previous training? Yes ___ No ___
If yes, please explain _____

Training or Employment Location Desired: _____
For Training:
Course No. and Title: _____
School and Address: _____

Do you have income from any source? Yes ___ No ___ If yes, please explain _____

Employment Record: (List your three most important periods of employment.)

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

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 further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Basic Education Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to Bureau of Indian Affairs personnel. Initial _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959(70 Stat.986) as amended by P. L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant Signature) (Date)

(Interviewer Signature) (Date)

FOR AGENCY USE

I certify that _____ is _____ degree of

Indian blood, member of the _____ tribe and is/is not eligible for training or employment assistance services.

Recommended by: _____ Approved _____

Agency Superintendent

Title: _____

If Required, Area Action taken: Approved: _____ Disapproved _____ Date _____

Area Director

ADULT VOCATIONAL TRAINING

Financial Needs Analysis: Part 1 ~ Costs/Expenses

_____ In the space provided enter the name of the training institution which has accepted your application. Underline or circle its operating schedule: quarter, trimester, semester, or other. List below, by term, the anticipated costs and expenses directly related to training.

- _____ Travel (to training location)
- _____ Tuition
- _____ Books
- _____ Lab Fees
- _____ Activity Fees
- _____ Food
- _____ Clothing
- _____ Laundry (monthly, if applicable)
- _____ Student Housing
- _____ Daily Transportation Costs – if any
- _____ Other (Specify)
- _____ Other (Specify)
- _____ Other (Specify)
- _____ TOTAL

ADULT VOCATIONAL TRAINING

Financial Needs Analysis: Part 2 ~ Financial Resources

List all of your financial resources in the spaces provided below.

- _____ Cash
- _____ Checking
- _____ Saving
- _____ Parents or Spouse
- _____ AFDC (Aid to Families w/Dependent Children)
- _____ IRS Fund
- _____ Regional Corporation Dividend
- _____ Regional Corporation Scholarship
- _____ Village Corporation Dividend
- _____ Village Corporation Scholarship
- _____ Alaska Native Brotherhood Scholarship/
- _____ Alaska Native Sisterhood Scholarship
- _____ Alaska Permanent Fund Dividend
- _____ State of Alaska Loan
- _____ Pell Grant
- _____ JTPA (Job Training Partnership Act)
- _____ Other (Specify)
- _____ Other (Specify)
- _____ Other (Specify)
- _____ TOTAL

Applicant's Signature and Date

**ADULT VOCATIONAL TRAINING JUSTIFICATION
AND
COMPREHENSIVE TRAINING & EMPLOYMENT PLAN**

1. _____ 2. ____/____/____ 3. ____-____-____
Applicant's Name: Last, First, M.I. Birthdate Mo/Da/Yr Social Security Number

4. Applicant's Official Residence & Phone No.

5. Has Applicant Received Prior Employ. Assis. Services?

YES/NO If yes, date/s received: _____
Name & Address of Office/s which provided service/s:

6. To this point in your life, what types of training have you taken? Include On-The-Job Training.

7. If accepted to participate in the AVT Program, Applicant would like to enroll in training to learn the following career skills. (List in order of preference)

(1) _____
(2) _____
(3) _____

8. Complete the following:

A. Upon completion of job training, Applicant expects to earn \$_____ per hour, \$_____ per month, and \$_____ per year. Explain how Applicant confirmed earnings potential: _____

B. Upon completion of job training, Applicant would like to live and work in any of the following locations:

(1) _____ (2) _____ (3) _____

Explain how Applicant confirmed job opportunities that are available in the locations listed above: _____

C. Upon completion of job training, Applicant will potentially qualify for employment with the following employers:

(1) _____ (2) _____ (3) _____

EMPLOYMENT ASSISTANCE BUDGET FORECAST

Once completed, this Budget Forecast must be reviewed, signed and returned by the Financial Aid Officer at the Training Institute which you have selected.

Student Name: _____ SSN: _____/_____/_____
 Last First Middle Maiden

Address: _____ Telephone: (____) _____
 Street/P.O. Box City State Zip Code

Training Institution: _____ Student ID: _____

Address: _____ Telephone: (____) _____
 Street/P.O. Box City State Zip Code

Please indicate for which quarter/semester this Budget Forecast is estimated (Fall, Winter, Spring, Summer).

Expenses Qtr./Sem: _____

Tuition/Fees: _____

Room/Board: _____

Books/Supplies: _____

Misc./Personal: _____

TOTAL EXPENSES: _____

Please Return To:

Ninilchik Traditional Council
Tribal Services
P. O. Box 39444
Ninilchik, AK 99639
PH: 907-567-3313 Ext. 2109/Fax: 907-567-3308
E-mail: shirley@ninilchiktribe-nsn.gov
Web Site: www.ninilchiktribe-nsn.gov

Signature of Student: _____ Date: _____

Signature of Financial Aid Officer: _____ Date: _____

Resources Qtr./Sem: _____

State Student Loan: _____

Work Study Program: _____

College/University Award: _____

Other Resources (Specify): _____

TOTAL RESOURCES: _____

COMPREHENSIVE TRAINING & EMPLOYMENT PLAN NARRATIVE

(To be completed by AVT Caseworker with Client Review)

Briefly describe Case and Client Employment Needs:

Describe approval/justification for client reward:

Describe Employment Plan after Training:

Caseworker's Signature

Date

Client's Signature

Date

ADULT VOCATIONAL TRAINING
Financial Needs Status

Client Identification:

Name _____

S.S.# _____

Program Description:

Total Costs and Expenses: \$ _____
(a) Total Resources/Client: \$ _____
(b) Total Unmet Need: \$ _____
(c) Total NTC/AVT Pmt: \$ _____
(d) Balance Unmet Need: \$ _____

Description on covering unmet need remaining balance:

(e) Total: \$ _____
Total Program Resources Available: \$ _____
(Total a,c,e)

Case Reviewer Initial: _____ Date _____

Include a copy of this page with check approval review backup.

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Adult Vocational Training

Client Responsibilities

As a participant in the Ninilchik Traditional Council's Bureau of Indian Affairs Adult Vocational Grant Program, you will have certain responsibilities which you must meet in order to remain eligible in the Program.

1. Apply for financial aid from the school you plan to attend, and any other source for which you may be eligible:
Veterans benefits, Alaska Student Loan Program, Private and Foundation Scholarships, and personal and/or family contributions.
2. Have a certified copy of your grades or transcript sent to this office at each grading period.
3. When you arrive for training, check with your school's Financial Aid Officer about your grant award.
4. Maintain good standing.
5. Notify this office of any change in your address or plans regarding school.
6. Keep in touch.
7. Notify this office when you graduate/receive your certification.
8. Arrange for suitable housing prior to leaving for school.

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YOUR RIGHT TO APPEAL!

Each applicant for Assistance will receive written notice of any decisions made regarding their application.

Applicants for Assistance have the right to appeal those decisions made in regard to their eligibility for services and/or specific payment amounts. Applicants will have seven (7) working days to file their notice-of-appeal. Applicant's notice-of-appeal should be filed with the Tribal Services Director, at the Ninilchik Traditional Council (NTC) office.

Informal Review: The applicant meets to review and discuss the decision that is being appealed. The concerns of the applicant will be given a fair and attentive hearing, and every effort will be made to resolve any problems at the time.

Formal Review: If the "Informal Review" does not fully resolve all problem areas, NTC will conduct a formal review in accordance with Bureau of Indian Affairs standards to include.

1. The formal review will be conducted by a person who was not involved in the decision being appealed. The appellant (person making the appeal) will be provided with all records on which the decision being appealed was based, and will have the opportunity to supplement those records with additional information or arguments pertinent to the decision in question.
2. If requested, or at the option of the person conducting the formal review, a formal hearing may be conducted. The appellant will receive reasonable notice to the time and place of the hearing and will have the right to be assisted or represented by a person of his/her choice, including legal counsel, at the appellant's expense.
3. NTC's reviewing official will preside over any hearing, assuring that it is conducted in a businesslike and orderly manner. Each side will be given fair and equitable time to present all pertinent facts and figures. This will include the inclusion of additional documents into the record. Notes will be taken of the substance of the hearing and will be made part of the appeal record and made available to the appellant.
4. Within ten (10) days of referral to the review official or completion of the formal hearing, whichever is later, the review official shall render a decision in writing to appellant. Such notice will include a statement of the appellant's right to a further review by the BIA, West-Central Alaska Field Station Field Representative, if requested in writing within ten (10) days of receipt of the reviewing officials decision.
5. The appellant must have fully exhausted all Tribal appeal rights before the BIA will consider a review of the Contractor (Ninilchik Traditional Council's) actions.

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RELEASE OF INFORMATION

I, _____, hereby authorize release of any or all information pertaining to my progress including: grades, transcripts, and/or scholastic achievements and financial information to the Ninilchik Traditional Council, Tribal Services Department, P. O. 39444, Ninilchik, Alaska 99639.

This authorization will remain in effect until revoked in writing by me.

Applicant's Signature

Date