



Ninilchik Traditional Council

Tribal Services Department

P.O. Box 39444

Ninilchik, Alaska 99639

Phone: 907-206-2740 / Fax: 907 567-3354

E-mail: michael.pinnow@ninilchiktribe-nsn.gov

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 limited financial assistance to eligible Alaskan Natives and American Indians who are unemployed or underemployed and need to obtain higher education in order to retain/achieve gainful employment.

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 below, or bring it to me at the office. If you have any additional questions or comments regarding this program, please feel free to contact me.

Best wishes,

Michael Pinnow

Education Manager

Ninilchik Traditional Council

PO Box 39444

Ninilchik, AK 99639

PH (907) 206-2740

FAX: (907) 567-3354

Michael.pinnow@ninilchiktribe-nsn.gov

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 Tribal Services Department).

- ☐ 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/Children'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).

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APPLICATION FOR JOB PLACEMENT AND/OR TRAINING ASSISTANCE

INFORMATION RECORD

Social Security No. - -

Name (Last, First, Middle Initial)		Mailing Address:		Date of Birth:	
				Telephone No. ()	
Veteran	Marital Status	<input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Others in Household, non-dependent Explain:	Number of Dependents Dependents Children in School	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Separated				
Services Applying for: <input type="checkbox"/> Job Placement (JP) <input type="checkbox"/> Job Training (JT) <input type="checkbox"/> Other			Request (Circle) Initial JP Repeat 1 2 3 JT Repeat 1 2	In Case of Emergency Name: Address: Telephone No.	
Education: Highest Grade Completed: _____ Schools attended and Date(s):					
Type of Training or kind of Job you are interested in: Do You have any physical limitations that would interfere with your training or employment? Yes___ No If yes, please explain Training or Job 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, starting with the most recent.) From:_____ To:_____ Employer Name and Address: Job Title:_____ Description of Duties: Reason for Leaving:					
From:_____ To:_____ Employer Name and Address: Job Title:_____ Description of Duties: Reason for Leaving:					
From:_____ To:_____ Employer Name and Address: Job Title:_____ Description of Duties: Reason for Leaving:					

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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 so used or repayment will be made to the U. S. Government. I understand that if I am eligible for other training funds, such as PELL Grant, 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 the Bureau of Indian Affairs' personnel. _____ (Initial)

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT:

This information is being collected to determine the eligibility for Job Placement & Training services. Response to this request is required to obtain financial assistance. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to review instructions, gather and maintain the data needed, and complete the form. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. Please note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state that prominently at the beginning of your comment. We will honor your request to the extent allowable by law.

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 a benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information by the BIA and school counselors is to evaluate your request and to assist you before and during your Job Placement & Training activities. After completion of Training, or a Job Placement, 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 persons 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 the 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's Signature)_____
(Date)_____
(Interviewer's Signature)_____
(Date)**FOR AGENCY USE**

I certify that _____ Is _____ Degree of Indian blood, and a member of the _____ Tribe and is/is not eligible for training or job placement services. *Individual is serviced by (Agency) of (Region).*

Recommended by: _____

Approved: _____

(Agency Superintendent) Title _____

If required, Regional Action taken:

Approved _____

Disapproved _____

Date: _____

(Regional Director) _____

DISPOSITION OF THIS CASE:

Training completed on (date _____)

Trainee is currently a permanent employee and has remained employed for at least 90 days YES/NO.

Earnings: \$ _____ PRE-Job Placement & Training Service

\$ _____ POST-Job Placement & Training Service

Service

Upon training completion, Trainee received; ___ Certificate, ___ Degree (2yr)

___ Trainee dropped out (reason): _____

Case worker's Signature and Date

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.

Training institution operation schedule: ☐ Quarter ☐ Trimester ☐ Semester
☐ 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

Financial Needs Analysis: Part 2 ~ Financial Resources

List all 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 _____ Date _____

RELEASE OF INFORMATION

I, _____, hereby authorize the release of any or all information pertaining to my educational progress including: grades, transcripts, and/or scholastic achievements and financial information to:

Ninilchik Traditional Council
Tribal Services Department
P. O. Box 39444
Ninilchik, Alaska 99639

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

Applicant's Signature _____ Date _____

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.

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 regarding 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 the 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's (Ninilchik Traditional Council's) actions.

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: ____/____/____

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. _____

Resources Qtr. / Sem. _____

Tuition / Fees	State Student Loan
Room / Board	Work Study Program
Books / Supplies	College / University Award
Misc. / Personal	Other Resources (Specify)
TOTAL EXPENSES	TOTAL RESOURCES



PLEASE RETURN TO:

Ninilchik Traditional Council

Tribal Services Department

P.O. Box 39444

Ninilchik, AK 99639

PH 907.206-2740 / Fax 907.567.3354

Email: michael.pinnow@ninilchiktribe-nsn.gov

Web Site: www.ninilchiktribe-nsn.gov

Signature of Student: _____ Date: _____

Signature of Financial Aid Officer: _____ Date: _____

**AVT TRAINING JUSTIFICATION AND COMPREHENSIVE TRAINING &
EMPLOYMENT PLAN**

1. _____ 2. _____ 3. _____ - _____ - _____
Applicant's Name: Last, First, M.I. Birthdate M/D/Y Social Security #

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) _____

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 the Employment Plan after Training:

Caseworkers Signature: _____ Date: _____

Client's Signature: _____ Date: _____