



Box 927, Bethel, AK 99559
Education, Employment & Training Programs
PL 102-477

Thank you for your interest in ONC's **Education, Employment & Training Programs**. In order to determine your eligibility, we must have a fully completed, signed, and dated 102-477 application

All College and Training Scholarship applicants must provide:

- Letter of Acceptance: from the college/university or training school.
- High school transcripts or College Transcripts
- Tribal ID Card or Certificate of Enrollment
- Letter expressing your goals and your need for financial aid.
- Males must provide proof of filing with the Selective Service.
- Parents letter of consent if under 18 years of age to attend college or training.

College applicants please include the following copies:

- Student Aid Report (SAR): **REQUIRED:** This is a reply from the Federal Student Aid Report (FAFSA). All students are required to apply for Federal Student Aid.
- ONC's Budget Forecast & Needs Analysis: Mail the form to your college or university's Financial Aid Office after you have applied for federal student aid (FAFSA). Your college's financial aid office will complete the form and return it back to ONC.

Training applicants include the following:

- Income Tax Return 1040
- Student Aid Report (SAR): FAFSA reply if your school/program is eligible.

Direct Employment Assistance

- Copy of ONC tribal ID or enrollment
- Letter of Hire from Employer (must be full-time permanent)
- Letter expressing what you need help with and detailed budget of what your financial needs are.
- Date of expected first paycheck.
- List of any special tools or clothing you may in order to perform your job.
- Proof of your family's income for the last three months (paystubs, tax returns or bank statements).



ONC's grant does not cover all expenses related to your education. You are encouraged to contact the following organizations to inquire about additional funding opportunities:

Dept. of Labor & Workforce Dev. CD Specialist P.O. Box 548 Bethel, AK 99559 (907)543-2875 (907)543-2099 Fax	Bethel Lion's Club P.O. Box 646 Bethel, AK 99559 (907)543-4300 Message	Veterans of Foreign Wars Continuing Education Scholarship P.O. Box 942 Bethel, AK 99559 (907)543-2241 Message
Calista Scholarship Fund 301 Calista Court, Suite-A Anchorage, AK 99501 (907)279-5516 (907)272-5060 Fax calista@calistacorp.com	Bethel Native Corporation P.O. Box 719 Bethel, AK 99559 (907)543-2124 (888)770-2124 Toll Free www.bnc.alaska.com	Association of Village Council Presidents, Inc. EET Department Box 219 Bethel, AK 99559 Ph: 907-543-7482 1-800-478-3521

ONC's College Application Deadlines: June 30, 5:00pm (Fall) January 30, 5:00pm (Spring) October 30, 5:00pm (Winter) April 30, 5:00pm (Summer)	
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If you're receiving assistance through AVCP'S Temporary Aid to Needy Family (TANF), you *may also* qualify from its Native Employment Works (NEW) program. Call 543-7324 for more information.

For additional funding, Alaska Student Loans are also available. The applications are at your closest Alaska Legislative Information Office (LIO).

Please contact Nicholas Kwiek at Yuut Elitnaurviat at (907) 543-0951 if you are interested in Adult Basic Education (ABE) services.

Please contact ONC's Education, Employment & Training office if you have any questions or need help completing any of the forms.

Orutsararmiut Native Council
 Executive Director

Moses Tulim
 Education, Employment & Training Director



PL102-477 Application

Please indicate the type of service(s) you are applying for:		
<input type="checkbox"/> Higher Education	<input type="checkbox"/> Summer Youth Employment & Training	<input type="checkbox"/> Adult Vocational Training
<input type="checkbox"/> On the Job Training	<input type="checkbox"/> NAHASDA ED Housing Assistance	<input type="checkbox"/> Direct Employment

Name: _____ Date of Birth: ____ / ____ / ____ Social Security# ____ - ____ - ____

Mailing Address: _____

P.O. Box or Street Address
City
State
Zip

Physical Address: _____

Street Address
City
State
Zip

Length of Bethel Residency: _____ Years _____ Months

Email Address: _____

Home Phone #: _____ Message Phone#: _____ Work Phone#: _____

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed

Are you a Veteran? No If no, Selective Service Registration Number: _____ Date Verified: ____ N/A

If yes, dates: From: _____ to _____ Discharge Date: ____ / ____ / ____ Branch: _____

Are you enrolled to Tribal Entity? Yes No

If yes, name of Tribe _____ Enrollment # _____

Household: List all household members including yourself:

	NAME	DOB	AGE	RELATIONSHIP
1				Self
2				
3				
4				
5				
6				

In case of an EMERGENCY, Contact:

	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				

Household Income: This is for Adult Vocational Training applicants only.

	NAME	Source of Income	Last 6 months	One Year Income
1				
2				
3				
4				

Other Income Sources:

TANF		Child Support	
ATAP		Other	
SSI		Other	
Permanent Fund		Other	
General Assistance		Other	
Unemployment		Other	

Barriers or Needs for Education/Training/Employment

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Homeless | <input type="checkbox"/> No GED | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Housing | <input type="checkbox"/> Offender | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Disability | <input type="checkbox"/> HS Dropout | <input type="checkbox"/> Pregnant | <input type="checkbox"/> TANF Recipient |
| <input type="checkbox"/> Underemployed / Low Income | <input type="checkbox"/> Lack Work History | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Learning Materials | <input type="checkbox"/> Reading Skills below 7 th grade level | <input type="checkbox"/> Funding |
| <input type="checkbox"/> Treatment / Counseling | <input type="checkbox"/> Limited English | <input type="checkbox"/> Unemployed | |
| <input type="checkbox"/> Math Skills below 7 th grade level | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> G. A. Recipient | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> | | | |

Have you ever been convicted of any crimes involving alcohol or drugs? If yes, when? _____

Have you ever been convicted of a felony? If yes, explain: _____

Are you currently on probation or parole? Yes No

Probation / Parole Officer: _____ Phone #: _____

Are you scheduled for any substance abuse treatment? If yes, when? _____

EDUCATION

Highest Grade Completed _____

H.S. Graduate Location _____ Date _____

GED Location _____ Date _____

Education Completed: List any Vocational and/or Colleges you have attended:

Name of School	Attendance Dates	Certificate/License/Degree Earned

Have you ever received any of the following services: No Yes (If yes, check all that apply)

BIA Childcare Job Corp Military Other

ONC Vocational State Jobs Veterans

Where, When & Type of Training:

CURRENT INFORMATION: HIGHER EDUCATION / VOCATIONAL TRAINING STUDENTS

Request for Calendar Year: _____ to _____ Major: _____

Name of University / College or Training Institution

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax _____

College Level: Freshman Sophomore Junior Senior Graduate Level

Expected Degree: Certificate AA BA BS MA

No. of Credits Completed: _____ Expected Graduation Date: _____

I plan to live: On Campus Off Campus With Family

Labor Force Status: Please check your status and complete the information below.

Employed Full-Time Part-Time Self-Employed Unemployed: Number of weeks _____

Employer: _____ Occupation: _____ Rate of Pay: _____

EMPLOYMENT HISTORY (ALL APPLICANTS)

Please list your employment history information in Chronological order (Last to First) below:

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for rehire? Yes No

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for re-hire? Yes No

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Employers Name: _____ Address: _____

Phone Number: _____ Supervisor's Name: _____

List your duties and responsibilities: _____

Are you eligible for re-hire? Yes No

Reason for Leaving: _____

EMPLOYMENT GOALS & INTERESTS

Check any skills you may have:

- Accounting Mechanical Maintenance Clerical Painting
- Welding Cashier Food Service Carpentry Receptionist
- Other: _____

What is your career goal? _____

Do you prefer to work by yourself or with others? _____

List and tools and/or office equipment you have used: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize and request the release of any and all information necessary to verify or determine my eligibility for participation in programs offered by Orutsararmiut Native Council's General Assistance Program. Agencies which may be contracted, but are not limited to are: Employers, State of Alaska Division of Public Assistance, Unemployment Offices, Social Security Administration, Retirement Agencies, Banks, etc.

This authorization shall continue to be in effect until this student is no longer enrolled in the ONC EE&T Program or if the client submits a written notice revoke this consent.

Signature

Date

Parent/Guardian Signature

Date



I, _____, understand and agree to the following conditions:

Academic Requirements: Students seeking vocational training are required to maintain acceptable academic standing. This is usually a grade point average of at least 2.0 or a “C” average. Full-time enrollment for vocational training shall not be for less than six months, and shall not exceed 24 months, with the exception of registered nurses training.

Higher Education Students are required to maintain a minimum of 2.0 Grade Point Average (GPA) with no less than 12 credit hours per semester. Higher Education students will be enrolled full-time (12 semester credits). Failure to maintain the required minimum requirements will result in academic probation for one quarter or semester. If academic standards are not met after being placed on probation, the student will not be eligible for a future scholarship grant until academic requirements are met. Part-time students required to have no less than 6 credit hours per semester with GPA of 2.0 or higher.

It is the student’s responsibility to have grades submitted to ONC’s Education Department upon completion of each quarter or semester.

Behavior: All students must maintain acceptable social conduct within the policies and rules of the institution they are attending. Failure to meet these requirements due to reasons within the trainee’s control may result in termination of training benefits. Any such termination will require the repayment of the scholarship amount to ONC.

Alcohol and Drug Free Policy: A student may be terminated from any ONC Education, Employment & Training Program if he/she abuses alcoholic beverages or possesses or consumes alcohol and/or illegal or non-prescription drugs which lead to student breaking policies and rules of ONC programs, the post-secondary institution, State of Alaska or U.S. Government.

Certification: I certify that the information provided in this application is true and correct to the best of my knowledge. I am aware that the information provided is subject to review, verification, and that I may need to provide additional information.

I certify that any funding I do receive will go solely towards my educational expenses. I understand that it is my responsibility to provide ONC with official transcript after each term I am funded. I will receive a grade point average (GPA) of 2.0 or above.

Signature _____ Date _____

Parent Consent Signature if under age 18 _____ Date _____



BETHEL RESIDENCY & TRIBAL AFFILIATION

Printed Name: _____ Maiden: _____

Social Security Number: _____ - _____ - _____

Are you a Bethel Native Corporation Shareholder or a Descendant of a Shareholder?

Yes No

Are you an ONC Tribal Member?

Yes No

If yes, please list your ONC Tribal Enrollment Number: _____

If no, in what Tribe are you enrolled? _____ (include enrollment number).

If you are not a member of a federally recognized tribe, please include a Certificate of Indian Blood.

I have been a resident of Bethel since: _____ / _____ / _____

I certify that the information listed above is true and correct to the best of my knowledge.

Signature

Date

