477 Department Services Application

The Education, Employment, Training, and Related Services Department (477 Department) helps clients with the following services: Education and Training Scholarships, Supported Work Services, Youth Employment Service (YES), and Johnson O’Malley. Another service we provide is Child Care. A separate application and approval process exists for child care services.

To determine eligibility for education, employment, or training services, please provide required information and documents:

* Fully completed, signed, and dated application.
* 2 Forms of Identification: Birth Certificate, State ID, Driver License, Tribal ID or Certificate of Degree of Indian Blood (CDIB)
* Educational Transcripts: High school transcripts, General Education Diploma (GED), Postsecondary transcript (if applicable)
* Income Verification: Education Housing Assistance and YES. Submit all that apply: Federal Income Tax return (form 1040) from previous year, most recent pay stubs, SSI, child support documents, Temporary Assistance for Needy Families (TANF), unemployment stubs, Alaska permanent fund, current bank statement
* Completed Individual Development Plan (IDP), included in this packet. The IDP includes your career goals, a detailed plan of how our services will help you achieve success

**Deadlines**

Supported Work Services- two weeks before first full paycheck

Vocational School Scholarship Applications must be submitted **two months prior to start date.**

Higher Education Scholarships- applications must be received in the office or postmarked no later than

**June 30 for Fall, January 3 for Spring, October 30 for Winter, April 30 for Summer**

All other services are open enrollment.

**Education and Vocational Training Scholarship eligibility is not based on income.**

Required information for scholarship applicants:

* Letter of Acceptance from accredited institution
* Student Aid Report (SAR): The reply from the Free Application for Federal Student Aid (FAFSA). Use the paper application or log on to fafsa.gov
* Budget Forecast & Needs Analysis: most Financial Aid Offices will provide a needs form for your records. A budget forecast authorization form is included in this packet in case our office needs to obtain your budget information. Please fill top portion of the form only. The FAO will fill the rest
* Military Service: Veterans, please provide copies of your Discharge paper work
* Selective Service: Males 18 years of age must provide proof of filing with the Selective Service. Verification can be done online at sss.gov

Service Applying for:

* Higher Education Scholarship
* NAHASDA Education Housing Assistance
* Vocational Training
* On the Job Training
* Direct Employment
* Youth Employment Service (YES)

**Applicant Demographics (all applicants)**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

 P.O. Box or Street Address City State Zip

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_Male \_\_Female Marital Status: \_\_Single \_\_Married \_\_Separated/Divorced \_\_Widowed

Are you a Veteran (circle one) **YES / NO**

If **YES**, dates: From: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ Discharge Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **NO**, Selective Service Registration Number: \_\_\_\_\_\_\_\_\_\_\_

Eligible applicants must be Alaskan Native or American Indian

Name of Tribe and Enrollment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of Bethel since (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Data (all applicants)**

Number of people in household: \_\_\_\_\_\_ Number of Dependents (if any): \_\_\_\_\_\_\_\_

Household Income: (use another sheet of paper if needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **Age** | **Monthly Income** | **RELATIONSHIP** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
| 6 |   |   |   |   |

**Please provide an emergency contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **ADDRESS**  | **PHONE** | **RELATIONSHIP** |
|  |   |   |   |   |
|  |   |   |   |   |

**Education History (all applicants)**

Name of high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Status:

* High School Diploma
* Still Attending
* No Longer Attending
* General Education Degree (GED)
* Certificate of Attendance

Additional Education Information:

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_

Degree or Certificate Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_

Degree or Certificate Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_

Degree or Certificate Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving any other 477 services?

* Childcare
* Direct Employment

**Education Scholarship Applicants Only:**

Name of University / College or Training Institution attending

Mailing Address City State Zip Code

Phone Number Fax

Major:

* Freshman
* Sophomore
* Junior
* Senior
* Graduate

Expected Degree and Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Living on campus
* Living off campus
* Living with family

Please ask your case worker for information about NAHASDA Education Housing Assistance.

**Academic Requirements**: I will maintain a grade point average of 2.0 or higher. Failure to maintain the minimum GPA will result in academic probation for one quarter or semester. If academic standards are still not met, the student will not be eligible for a future scholarship funding until academic requirements are met.

**For continued funding:** Submit final grades at the end of each quarter or semester along with a class schedule for the following quarter or semester. Unofficial transcripts are acceptable.

**Student Conduct**: All students must maintain acceptable social conduct within the policies of the institution they are attending. Failure to do so may result in suspension of scholarship funding and repayment of funds.

**Employment Status (all applicants)**

* Full-Time
* Part-Time
* Self-Employed

If Unemployed, length of unemployment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History (all applicants)**

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_

Employers Name: Address:

Salary: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Hour Week Month Year Other (circle one)

Phone Number: Supervisor’s Name:

Duties and responsibilities:

Are you eligible for rehire? Yes/ No Reason for Leaving:

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_

Employers Name: Address:

Salary: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Hour Week Month Year Other (circle one)

Phone Number: Supervisor’s Name:

Duties and responsibilities:

Are you eligible for rehire? Yes/ No Reason for Leaving:

Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_

Employers Name: Address:

Salary: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Hour Week Month Year Other (circle one)

Phone Number: Supervisor’s Name:

Duties and responsibilities:

Are you eligible for rehire? Yes/ No Reason for Leaving:

Use another piece of paper if necessary.

**Barriers to education, training, and/or employment (all applicants)**

* Limited English proficiency
* Unemployed 15+ weeks
* Disability
* Underemployed or Low Income
* Offender and/or reentry
* Public Assistance (Food Stamps, GA, etc.)
* Reading and math skills below 7th grade level
* Temporary Assistance for Needy Families (TANF) Recipient
* Pregnant and/or parenting teen
* Homeless
* Substance abuse
* Lack significant work history
* In need of treatment and/or counseling

Have you ever been convicted of any crimes involving alcohol or drugs? Yes / No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you scheduled for any substance abuse treatment? Yes / No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes / No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation or parole? Yes / No

Probation/Parole officer name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Application, Release of Information, and Media Release**

I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional verifying information.

I authorize Orutsararmiut Native Council to share this information for the purpose of assisting me in obtaining assistance, training, education, or employment.

I grant permission to ONC the use of my photographs and other media, as well as biographical information in publications for promotion and informational purposes.

Applicant Printed Name and Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Parent or Guardian Signature (if applicant is under age 18) Date

**Individual Development Plan (All Applicants)**

Applicant Name: Date:

**Professional Goals**

What are your professional growth and career ambitions?

What can you do to make these goals a reality?

What are your talents and strengths? How will they benefit you in reaching your goals?

What are some areas that you can identify that you will need to work on in order to reach your goals?

What are your goals for the next year? For the next 5 years?

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**Budget Forecast Authorization Form** (Education and Vocation Scholarship Applicants)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Office phone and fax numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release of information needed by the ONC to determine my eligibility for assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

For Financial Aid Office use only. FAO may use own budget form when available.

Staff Name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s status: \_\_ Full Time \_\_\_ Part Time \_\_\_ Campus housing \_\_\_ Distance Delivery \_\_\_ Vocational Training

|  |  |
| --- | --- |
| Tuition: |  |
| Fees: |  |
| Books: |  |
| Supplies: |  |
| Room: |  |
| Board: |  |
| Transportation: |  |
| Personal/misc: |  |
| Total: |  |

Student Resources:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of aid: | Semester | Semester | Semester | Semester | Total Resources |
|  |  |  |  |  |  |
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| Total funding amount: |  |  |  |  |  |
| Total Unmet Needs: |  |  |  |  |  |

Submit completed form to: ONC 477 Department PO Box 927 Bethel, AK 99559 or fax to 907-543-2639 or email to education@nativecouncil.org need more information? Call us at 907-543-2608