



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
Employment & Training Department | Training Services
 320 W. Willoughby Avenue, Suite 300 • Juneau, Alaska 99801
 Phone (907) 463-7158 • FAX (907) 885-0038

Application for Training

First Name	MI	Last Name	Date
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The Job Placement and Training program assists eligible applicants in obtaining job skills so they can secure employment and become self-sufficient.

- Training may not exceed 24 months of full-time actual training hours.
- Registered Nurse training may not exceed 36 months of full-time actual training hours.
- Training must lead to permanent and gainful employment.

Eligibility

- Applicant must be an enrolled tribal citizen.
- Applicant must reside in Central Council's service area.
- Applicant must show financial need (difference between available resources and cost of training).

Training Application Checklist

- The following documents or information will be required to complete the application package:
- Verification of Tribal Enrollment
 - Verification of Residency
 - Verification of Selective Service Registration
 - Acceptance Letter from the Training Institute that you Plan to Attend
 - Training Outline (Course Outline Breakdown from Advisor)
 - Financial Aid Package Form, Proof that you have Applied for Financial Aid
 - Verification of Application for Scholarships from ANCSA Corp, Alaska Native Brotherhood/Sisterhood, etc
 - Copy of High School Diploma or General Education Diploma (GED)
 - Assessments Applicable to Training
 - Student Budget Forecast
 - Student Medical and Dental Services Form (if you are leaving Alaska for school)
 - Student Agreement
 - Release of Information
 - Request for Vendor Setup Form

Note: All information submitted with this application is CONFIDENTIAL and will only be used for consideration of applicants request for funding by Central Council's Employment and Training department.

Completed application must be received 30 days prior to start of training.
This allows adequate time for making financial, living and travel arrangements needed by students.

OFFICE USE ONLY	
Date Application Received	Date of Client Appointment
Date Application Completed	Intake Person's Signature

Applicant Personal Information

Name (First, Middle, Last)		Social Security Number	
Home Address (Physical)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Prior Physical Address (if moved in last year)	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
Emergency Contact Name	Relationship	Message Phone	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Race/Ethnic Group <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____	Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Other: _____	
What Federally Recognized Tribe are you enrolled with?		Tribal Enrollment Number	

Household Members

List **ALL PERSONS** living in the household – if you need more space, please use the back of this page.
Race information is optional. Benefits are given without regard to race, color or national origin. Your answers will not affect your eligibility or benefit amount.

Name	Relationship (NR = Not Related)	Date of Birth	SSN	Gender (M/F)	Race	US Citizen Yes/No

Race: (You may select more than one race)
 AN = Alaska Native AI = American Indian WH = White BL = Black or African American AS = Asian PI = Native Hawaiian or Pacific Islander

Academic Information

<input type="checkbox"/> High School	Name and Location of High School	Graduation Date
<input type="checkbox"/> GED	Name and Location where GED was obtained	Graduation Date
<input type="checkbox"/> College/Vocational	Name and Location of School	Type of Degree
		Graduation Date

Skills and Abilities

Are you a member of a Union?	If Yes, Which Union?
List any volunteer experience you have done or are currently doing:	
List any tools, machinery, equipment or computer software you can operate/repair:	

Have you ever received any type of service from Central Council?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Vocational Training - If yes, when and from what office?
<input type="checkbox"/>	<input type="checkbox"/>	Higher Education - If yes, when and from what office?
<input type="checkbox"/>	<input type="checkbox"/>	Vocational Rehabilitation - If yes, when and from what office?
<input type="checkbox"/>	<input type="checkbox"/>	TANF - If yes, when and from what office?
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance, If yes, when and from what office?

School/Training Information

Name of Educational Institution you plan on attending:	
School Mailing Address:	
Have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Enrollment Status: <input type="checkbox"/> Full-Time (at least 12 credits) <input type="checkbox"/> Part-Time (at least 6 credits) <input type="checkbox"/> Training Class	
Semesters: (check each semester you will attend) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Expected Degree or Certificate: <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Vocational Training Certificate	

Individual Employment Plan (IEP)

Please answer all questions in two (2) sentences or more; this will help us to assist you better. You are welcome to use the back of this page if you need more room to write.

1. Briefly outline your long-term employment goals:

2. What are current barriers preventing you from obtaining full time employment?

- Education / Training
- Financial Assistance for Education
- Living expenses
- Transportation
- Other _____

3. What type of employment are you considering after completion of your training?

4. Who is the potential employer for this type of employment in your community?

5. Upon completion of your training, which additional resources/services would assist you in obtaining your goal?

- Job Skills Workshop
- Juneau Job Center
- ALEXsys (Alaska Labor Exchange System) – Job Search
- Career Assessment Tests
- Financial Literacy

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date

Student Budget Forecast			
First Name	MI	Last Name	
Name of School	Start Date	End Date	Phone Number
School Mailing Address	City	State	Zip Code
Type of Vocation	Length of Training Period		

Estimate your Expenses and Resources for the School Year			
Expenses	Amount	Resources	Amount
Fall Tuition		Student Contribution	
Winter Tuition		Parental Contribution	
Spring Tuition		Veteran's Benefits	
Summer Tuition		Social Security Benefits	
Transportation		Scholarships	
Room and Board		Salary (Part-Time)	
Books		Spouse's Income	
Fees		Alaska Student Loan	
Supplies		National Direct Student Loan	
Tools		SOA Incentive Grant (SEIG)	
Medical/Dental/Vision		ANSCA Corporation Grant	
Child Care		ANB/ANS Education Grant	
Related Costs		Other Resources	
Personal Appearance		Other Resources	
Other Expenses		Other Resources	
Total Expenses:		Total Resources:	
TOTAL UNMET NEED			
Total Resources:		Comments	
Total Expenses:		Comments	
Total Unmet Need:		Comments	



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Student Medical and Dental Services

**PLEASE KEEP A COPY FOR YOUR RECORDS AND
 SUBMIT ONE TO THE ADMISSION'S OFFICE ONCE YOU REACH SCHOOL.**

Students attending school outside the State of Alaska will have their medical and dental care provided by:

Alaska Native Medical Center
ATTN: Contract Health Care
 4315 Diplomacy Drive
 Anchorage, Alaska 99508
 Phone: 800-478-1636 or 907-729-2480
 Fax: 907-729-2483

In order for us to assist you, it is important that you complete all paperwork in a timely manner. Please do the following if you have a medical emergency while attending school outside the State of Alaska:

1. Ask your school to send a letter to Contract Health Care. Your letter should state how long you'll be attending school, when will you complete school, and the letter must state you are a full-time student, this should be updated **EVERY** term or if you transfer schools.
2. Send a copy of your tribal enrollment card, Valid State of Alaska identification or driver's license, copy of airline ticket or itinerary, or ferry system ticket, to Contract Health Care.
3. Temporary mailing address and contact telephone number while attending school.
4. Contact Contract Health Care within 72 hours of an emergency.

STUDENT INFORMATION

First Name	MI	Last Name	Enrollment Number	
Mailing Address		City	State	Zip Code
Name of School				
School Mailing Address		City	State	Zip Code

CERTIFICATION

I certify that I have read the above information and understand that Central Council Tlingit & Haida Indian Tribes of Alaska's Employment and Training Department is not responsible for any medical or dental expenses I may incur while I'm attending school.

Applicant Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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Student Agreement

1. I understand that the Training Assistance program is a **Supplemental** program, and that I need to apply for other Financial Aid. I will ask Financial Aid to send a *Needs Analysis* to Central Council Tlingit & Haida Indian Tribes of Alaska's Employment and Training department.
2. I agree to attend school full-time, follow all rules, maintain attendance requirements, and to maintain at least a **2.0 GPA**.
3. I will notify my assigned caseworker in writing before I withdraw from any class; I will seek prior approval to any changes.
4. I agree to complete and return the **Evaluation & Attendance Form**, which can be found on our website located at www.ccthita.org.
5. I agree to forward my transcripts to Employment and Training at the end of each term.
6. I understand the **Penalties for Non-Compliance**:
 1st Non-Compliance: Student is put on probation for 30 days and given a chance to come into compliance.
 2nd Non-Compliance: I may be Terminated from the Training Assistance program.
7. I understand that if I do not follow these guidelines, **my funding may be terminated and I may be required to repay any monies given to me for training.**
8. I agree to provide Employment and Training with a **copy of all Certificates and Degrees** I obtain during my training.
9. I agree that upon the completion of my training, I will seek permanent full-time employment related to my training field. I will notify Central Council's Employment and Training department of the results of my employment search.
10. I understand that the grants I receive for my education may be taxable; only tuition, fees, books, supplies, and equipment are non-taxable. I will be responsible for the taxes that may be required.
11. I have read and understand the Appeal Procedure and I agree to follow that procedure.
12. The disclosure of the requested information by the applicant is voluntary, but required to obtain benefits. Failure to provide the requested information may result in a delay or denial of assistance.

Certification

I understand that this is not an Award Statement and that by signing this Student Agreement, I agree to do what is required of me.

 Applicant Signature

 Date

 Vocational Training Caseworker

 Date



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Release of Information Valid for no less than 36 months of start date	
Student Name (Print)	Student Social Security Number
<p>I authorize the release of information requested by the Employment & Training department's Training Services program.</p> <p>This release of information shall be in effect while I'm applying for services to help determine my eligibility for Employment & Training services or while I am a recipient of Employment & Training services and for any later investigations pertaining to my eligibility for services.</p> <p>Central Council must adhere to the regulations of the Federal Government; therefore, I must release information to them for verification when it is required. Please release the following information to the Central Council Tlingit & Haida Indian Tribes of Alaska, Employment & Training department upon their request:</p> <ol style="list-style-type: none"> 1. School Transcripts/Attendance/Evaluations/Academic Concerns/Grades 2. Authorization to speak with Student Counselor/Advisor/Admission Office/Financial Aid Office/Book Store 3. Landlord/Tenant Lease 4. Utility & Bank Account information 5. Emergency medical documentation <p>Beginning Date: _____ this release will terminate once training is complete and a copy of certificate of degree is received in Central Council's Employment & Training/Training Services office.</p>	

Student Signature	Date
Case Manager Signature	Date

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL



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Applicant/Client Appeal Procedure

Clients who have been denied services or have received a reduction of services have the right to file a written appeal by following these procedures. Decisions affecting clients are made based on a review of program policies, procedures and the required official documentation.

Step 1 - Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the department Director/Manager or his/her designee.
- A client outside of Juneau must have their written appeal postmarked within ten (10) working days from the date of receipt of a decision.
- A client may request another person to be present at meetings or interviews. The client must notify the department Director/Manager or designee who this person is, contact information, and their role. Guidelines will need to be established to ensure confidentiality if the person is not a Central Council employee.

Step 2 – Director/Manager

- The department Director/Manager or his/her designee, in consultation with subordinate staff, will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days from the date of receipt of the appeal.
- A client not satisfied with the department's decision may submit a written request within five (5) working days from the date of receipt of the decision to the Program Compliance Manager or his/her designee to have their appeal reviewed by the Appeals Committee.

Step 3 - Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager or his/her designee will consider a referral to the Appeals Committee.
- The Appeals Committee will review the appeal within five (5) working days of receipt.
- The client will be notified of the Appeals Committee's decision within two (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.

Applicant Signature

Date

Applicant Signature

Date



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

Finance Department • Edward K. Thomas Building
 9097 Glacier Highway • Juneau, Alaska 99801
 Fax: 1-888-922-2520 • Email: financerequests@ccthita.org

Request for Vendor Setup

(This form is used in lieu of the W9 form published by the Internal Revenue service)

All required forms must be completed and signed before payment is issued

<input type="checkbox"/> New <input type="checkbox"/> Update
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Legal Name (as shown on your tax return)	Social Security Number
Business Name (if different from above)	EIN (for businesses)
Mailing Address: _____ City: _____ State: _____ Zip: _____	Telephone Number: (____) _____ Email Address: _____

VENDOR TYPE

Non Taxable	1099 Vendor (Taxable)
<input type="checkbox"/> Client <input type="checkbox"/> Non-Profit <input type="checkbox"/> Employee <input type="checkbox"/> Corporation <input type="checkbox"/> Council Delegate <input type="checkbox"/> Government <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Landlord <input type="checkbox"/> Daycare Provider <input type="checkbox"/> Attorney <input type="checkbox"/> Medical Provider <input type="checkbox"/> Sole Proprietor/Partnership <input type="checkbox"/> Other (specify)

Certification:

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date



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Authorization for Automatic Deposits

I hereby authorize Central Council Tlingit & Haida Indian Tribes of Alaska (Central Council) to initiate automatic deposits to my account at the financial institution named below. I also authorize Central Council to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Central Council responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Central Council receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Name and Address (Please Print):	Phone #:
Name of Financial Institution:	Financial Institution Phone #:

Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing #:	<input type="checkbox"/> Percent _____% or <input type="checkbox"/> Amount: \$ _____

Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing #:	<input type="checkbox"/> Percent _____% or <input type="checkbox"/> Amount: \$ _____

Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing #:	<input type="checkbox"/> Percent _____% or <input type="checkbox"/> Amount: \$ _____

*****Please attach a voided check, deposit slip or other form of bank verification*****

 Signature

 Date