



# NATIVE VILLAGE OF KOTZEBUE

## KOTZEBUE IRA

Mailing Address: P.O. Box 296 Kotzebue, AK 99752 ~ Phone: (907) 442-3467 ~ Toll Free: (800) 442-3467 ~ Fax: (907) 442-2162

### Adult Vocational Training (A.V.T.) Application

**Adult Vocational Training Program** – The purpose of the vocational training program is to assist Indian people to acquire the job skills necessary for full time satisfactory employment. The A.V.T. program provides eligible tribal members, currently residing in Kotzebue to apply for a grant to assist with the associated costs in attending an accredited vocational technical institution to gain the skills and training necessary to secure employment.

\*\*The Kotzebue I.R.A. Adult Vocational Training Program is dependent upon the annual Federal budget process. Thus, the amount of finances available for this program varies with appropriations made by the U.S. Congress. The Kotzebue I.R.A. is not obligated to provide financial assistance for every applicant.

#### A.V.T. Program Eligibility Criteria

- Alaska Native/American Indian and a member of a recognized Tribe residing in Kotzebue for a minimum thirty-one (31) days. \*Exceptions Apply.
- Must be between the ages of eighteen (18) and thirty-five (35). \*Exceptions Apply.
- Must have a High School Diploma or equivalent.
- Must be in need of training in order to obtain reasonable and satisfactory employment; or, is underemployed and without additional training would result in extreme hardship.
- Must show financial need.
- No more than two (2) repeat training services allowed. \*Exceptions may apply.
- Applicant must willingly declare intent to accept full time employment soon after completion of training.

#### Application Process

The following documents or information is required to complete the application:

- Complete the A.V.T. Program Application
- Submit Verification of Tribal Enrollment (see your Tribe for assistance)
- Submit a copy of your Birth Certificate (Children's Birth Certificate, if applicable)
- Submit a copy of your Social Security Card
- Submit a copy of Marriage Certificate (if applicable)
- Submit proof of financial need (Utilities bills, etc.)
- Personal statement of goals and future plans.
- Submit TWO letters of recommendation
- Submit a Budget Forecast/Need Sheet completed by the Financial Aid Office
- Submit a copy of DD-214 form (if applicable)

#### Case Management & Follow-up

Once the application is complete, the applicant will have to meet with the case manager to review the application, determine services needed, complete an Individual Education or Employment Plan, and Participate in Follow-up 90 days after the services are provided.

## Native Village of Kotzebue Education Department

### Personal Information

Name: \_\_\_\_\_ Current Age \_\_\_\_\_  
(First) (Middle) (Last) (Also Known As – or Maiden name)

Social Security Number: \_\_\_\_\_ - - - Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Present Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work / Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tribally enrolled at: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Veteran?  Yes  No - Date of Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Registered with Selective Service?  Yes  No

Educational Status:  High School Diploma - Year Graduated: \_\_\_\_  GED - Year obtained \_\_\_\_ OR Highest Grade Completed: \_\_\_\_  
 College/Vocational Graduate - Type of Degree:  Certificate  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year \_\_\_\_

Applicant Ethnicity: (check all that Apply)  Alaskan Native  American Indian  Other (specify): \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Present Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code)

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last) (Also Known As – or Maiden name)

Present Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code)

Father/Mother's Employer: \_\_\_\_\_ Annual Income \$: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

## Native Village of Kotzebue Education Department

### Adult Vocational Training Information

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip Code)

Field of Study: \_\_\_\_\_

Training Dates: \_\_\_\_\_ to \_\_\_\_\_ Housing:  On Campus  Off Campus

Expected Graduation Date: \_\_\_\_\_

Have you received a BIA Scholarship before?  Yes  No If yes, type of BIA Scholarship:  Higher Education  Adult Vocational Training

Date of last grant received: \_\_\_\_\_

### Student Financial Information

Source:	Amount
Savings:	
Earnings from school year:	
Parent Contribution:	
<b>Total:</b>	

### Other Scholarships

Source:	Amount Applied for:	Awarded:

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Native Village of Kotzebue. I have read and understand my rights and responsibilities.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_





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### TO BE INITIALED BY APPLICANT:

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 courses I have selected. I further agree that the funds issued me for training purposes by the Kotzebue I.R.A. will be so used or repayment will be made to the Kotzebue I.R.A. I understand that if I am eligible for other training funds, such as Basic Educational 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 Kotzebue I.R.A.

\_\_\_\_\_  
(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 Bureau of Indian Affairs (B.I.A.) 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.

\_\_\_\_\_  
(Initial)



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### AUTHORIZATION OF RELEASE OF INFORMATION

I hereby authorize the Native Village of Kotzebue/Kotzebue IRA, Education Director, to release all relevant and pertinent information contained in my records to the proper school authorities, if necessary, to facilitate and expedite my training and/or education.

I hereby authorize the Native Village of Kotzebue/Kotzebue IRA to release my name, school attended, course of study in which enrolled and dates of attendance, for their information deemed necessary to fulfill the Native Village of Kotzebue/Kotzebue IRA's statistical reporting and/or audit requirements.

I further authorize NANA Regional Corporation and BIA or their contract designates to release any necessary information contain in my employment assistance, social services, higher education, and stockholder records to:

**Native Village of Kotzebue – Kotzebue IRA Education Director  
P.O Box 296  
Kotzebue, AK 99752**

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name