



# MANIILAQ ASSOCIATION EMPLOYMENT & TRAINING

APPLICATION FOR SCHOOL YEAR 2018-2019

102.477 HIGHER EDUCATION, AVT (ADULT VOCATIONAL TRAINING) & WIOA  
(WORKFORCE INNOVATION OPPORTUNITY ACT) SCHOLARSHIP APPLICATION

## Maniilaq Employment & Training; Educational Funding Sources:

**Higher Education** – HE Assistance is provided to tribal members whose tribes have an authorizing BIA resolution to Maniilaq. Active tribal resolutions in Maniilaq's current BIA Compact Agreement are Ambler, Deering, Kivalina, Kobuk, Noorvik and Shungnak. Tribal members enrolled in Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak who are enrolled into an accredited College/University seeking an Associates, Bachelors, or Graduate degree program. Students must show financial need to be considered. The Higher Education Scholarship is a supplemental program. **Fall funding deadline is first Friday in August; Spring deadline is first Friday in January.**

**AVT** – Adult Vocational Training funding is provided to tribal members whose tribes have an authorizing BIA resolution to Maniilaq. Active tribal resolutions in Maniilaq's current BIA Compact Agreement are Ambler, Deering, Kivalina, Kobuk, Noorvik and Shungnak. AVT provides funding to those tribal members who are enrolled into a short training or adult vocational training program. AVT provides assistance with airfare and or tuition and fees for up to \$1500 per training session. Funding regulations limit students to receive assistance for two certifications in a lifetime. Unless a student is returning under advancement of the previous field. **Deadline is 2 weeks before the first day of instruction/training.**

**WIOA** - Grant funded financial assistance provided to low income tribal members of the Maniilaq service area to prepare youth and unskilled adults for entry into the labor force and provides job training to those economically disadvantaged individuals facing serious barriers to employment. It's designed to benefit job seekers, laid-off workers, older youth, incumbent workers, new entrants to the workforce, veterans, persons with disabilities and employers. **Deadline is 2 weeks before the first day of instruction/training.**

### 1. Higher Education Eligibility

- Student must be tribally enrolled into one of the certain tribes that have an active Higher Education BIA resolution authorizing Maniilaq to administer their Higher Education program on their behalf
- Must be enrolled as full-time or part time determined by the college/University
- Maintain good standing with minimum GPA 2.0
- Must be enrolled into and Associates, Bachelor's or Graduate degree program
- Have an unmet need and have applied for other local and outside funding resources

### 2. AVT (Adult Vocational Training) Eligibility

- Student must be tribally enrolled into one of the certain tribes that have an active Higher Education BIA resolution authorizing Maniilaq to administer their Higher Education program on their behalf
- Applicants are required to apply for all available state, federal and private financial aid
- Must have high school diploma or GED certificate
- Must be enrolled and accepted in an approved vocational training institution or other regionally/nationally accredited institution that provides vocational training
- Applicants must be eighteen (18) years old, unless given permission by parent/legal guardian
- Minimum GPA eligibility 2.0
- Male applicants must register with Selective Services

### 3. WIOA (Workforce Innovation Opportunity Act) Eligibility

- Reside within the Maniilaq Service Area
- Fall in under WIOA's Low Income Levels
- Be in need of training services to enter or re-enter the labor force; skills that are no longer in demand; have low wage job skills; or little or no work history
- Be able to enter labor force through short-term training
- Be registered with ALEXsys and actively pursuing work
- Meet WIOA eligibility criteria for Youth, Adult and/or Dislocated Worker Services. Eligibility does not constitute an automatic awarding of a grant. It only establishes that you are eligible for consideration
- Applicants are required to apply for all available state, federal and private financial aid, for consideration
- For continuing students, minimum GPA eligibility 2.0; must pass previous term and show progress reports

### Applicants Responsibility! Call 442-7021 to make sure we received everything!

*It is the applicant's responsibility to contact the Maniilaq Employment & Training office to ensure the application has been received, is complete and submitted. If your application is incomplete, we will attempt to contact you to inform you of what's needed, and the deadline to submit by. If you have not contacted us before the deadline date, your application will be denied.*



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**Use the eligibility requirements on the first page to determine which program to apply for  
Eligibility Required Documents:**

<input type="radio"/> Higher Education	<input type="radio"/> Adult Vocation Training	<input type="radio"/> Workforce Innovation Opportunity Act
<b>DEADLINE:</b> SPRING- 1 <sup>st</sup> Friday/ 01/05/2018 FALL- 1 <sup>st</sup> Friday in August/ 08/03/2018	<b>DEADLINE:</b> 2 Weeks Prior to the first day of class	<b>DEADLINE:</b> 2 Weeks Prior to the first day of class
<input type="checkbox"/> Copy of State ID	<input type="checkbox"/> Copy of State ID	<input type="checkbox"/> Copy of State ID
<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Tribal Enrollment-Village IRA	<input type="checkbox"/> Tribal Enrollment-Village IRA	<input type="checkbox"/> Tribal Enrollment-Village IRA
<input type="checkbox"/> Acceptance Letter from University	<input type="checkbox"/> Acceptance Letter from or School	<input type="checkbox"/> Acceptance or Proof of Enrollment from School
<input type="checkbox"/> Class Registration or schedule	<input type="checkbox"/> Class Registration or schedule	<input type="checkbox"/> Class Registration or schedule
<input type="checkbox"/> Budget Need Sheet (completed by school)	<input type="checkbox"/> Budget Need Sheet (completed by school)	<input type="checkbox"/> Budget Need Sheet (completed by school)
<input type="checkbox"/> High School Diploma/GED or High School Transcript	<input type="checkbox"/> High School Diploma/GED or High School Transcript	<input type="checkbox"/> Continuing Students need transcript or progress report
<input type="checkbox"/> Letter of Intent (500 words)	<input type="checkbox"/> Transcripts or Progress reports from previous training	<input type="checkbox"/> Letter of Intent
<input type="checkbox"/> One Letter of Recommendation	<input type="checkbox"/> Letter of Intent	<input type="checkbox"/> Selective Services Registration
<input type="checkbox"/> Selective Services Registration	<input type="checkbox"/> One Letter of Recommendation	<input type="checkbox"/> Proof of applying for other scholarhsips (letter, email, etc.)
<input type="checkbox"/> Official Transcripts	<input type="checkbox"/> Selective Services Registration	<input type="checkbox"/> Last 2 months income; Bank Statement
<input type="checkbox"/> Proof of completed FAFSA	<input type="checkbox"/> Proof of applying for other scholarhsips (letter, email, etc.)	<input type="checkbox"/> Low income proof; food stamps, medicaid, TANF, GA

***Note: We cannot determine eligibility, until we have all the required paperwork and completed application.***

**IT IS YOUR RESPONSIBILITY TO CALL 442-7021 TO INQUIRE ABOUT THE DEADLINE AND TO SEE IF WE RECEIVED YOUR APPLICATION OR DOCUMENTS!**

**\* Special Note \***

Maniilaq E&T also offers the following programs available to eligible clients that are already in our program:

- Child Care Assistance
- General Assistance
- Direct Employment
- Tribal TANF



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**IT IS YOUR RESPONSIBILITY TO CALL 442-7021 TO INQUIRE ABOUT THE DEADLINE AND TO CHECK IF WE RECEIVED YOUR APPLICATION OR DOCUMENTS ON OR BEFORE THE DEADLINE!**

## Applicant Information

Name: First	Middle	Last	Social Security Number		
E-mail Address:			Date of Birth:	Male <input type="radio"/>	Female <input type="radio"/>
Mailing Address:		City:	State:	Zip:	
Home Phone:		Message Phone:		Work Phone:	

## Educational Background

High School Attended	Highest Grade Completed:				9 <sup>th</sup> <input type="radio"/>	10 <sup>th</sup> <input type="radio"/>	11 <sup>th</sup> <input type="radio"/>	12 <sup>th</sup> <input type="radio"/>
Address:	City:	State:	Zip:	Date of Graduation:				

## Post-Secondary Institution

Institution	Semester <input type="radio"/>	Quarter <input type="radio"/>	Term <input type="radio"/>								
Address	City	State	Zip								
Field of Study for training	Degree being sought (Certificate, AA, BA, BS, etc.)										
Academic year (check one)											
UNDERGRADUATE:	Freshman <input type="radio"/>	Sophomore <input type="radio"/>	Junior <input type="radio"/>	Senior <input type="radio"/>	or	GRADUATE:	1 <sup>st</sup> <input type="radio"/>	2 <sup>nd</sup> <input type="radio"/>	3 <sup>rd</sup> <input type="radio"/>	4 <sup>th</sup> <input type="radio"/>	5 <sup>th</sup> <input type="radio"/>
Start date	Expected Graduation Date										
Full-time Student <input type="radio"/>	Part-time Student <input type="radio"/>	Beginning date of school term	On Campus <input type="radio"/>	Off Campus <input type="radio"/>							

## Other scholarships or funding applied for (List all even if you haven't received confirmation):

Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:



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## INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

**In order for your application to be processed, this form must be completely filled out.**

Participant Name:		Date of Plan:	
Are you currently employed? __Yes __No	If yes, where?	How long?	
Highest grade completed:	Date graduated/received GED:	Date last attended school:	
<b>WHAT IS/ARE YOUR GOAL(S) TO OBTAIN SELF-SUFFICIENCY?</b>			
<b>Education Goal:</b> <i>ex. GED, Vocational/Certificate, Associates degree, Bachelor's degree, Master's degree</i>			
<b>Career Goal:</b> <i>ex. Nursing, Pilot, Office Administrator, Food Preparations, Cashier, Start a Business</i>			
<b>STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY</b>			
<b>Work Activities:</b>	<b>Education/Training:</b>	<b>Other Activities:</b>	
<input type="checkbox"/> Employment: __Full-time__Part-time	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Instruction	
<input type="checkbox"/> Job searching	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills Workshop	
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> ESL(English as a 2 <sup>nd</sup> Language)	<input type="checkbox"/> Childcare Assistance	
<input type="checkbox"/> Job Sampling or Job Shadowing	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Support	
<input type="checkbox"/> On-the-job training	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Substance Abuse Assessment	
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Substance Abuse Treatment	
<input type="checkbox"/> Other:_____	<input type="checkbox"/> Other:_____	<input type="checkbox"/> Other:_____	

## REACHABLE PLAN AND GOALS

**(Applicant must complete as least 3 steps each semester/term to continue eligibility)**

REACHABLE GOAL #1 (Ex: Ensure other funding for upcoming semester)	START DATE	DATE TO BE ACHIEVED	ACTUAL COMPLETION DATE
Step 1. (ex. Get copies of scholarship applications & fill them out)			
Step 2. (ex. Submit scholarship to individual organizations)			
Step 3. (ex. Apply for FAFSA)			
REACHABLE GOAL #2 (Ex: Pass current semester)	START DATE	DATE TO BE ACHIEVED	ACTUAL COMPLETION DATE
Step 1. (ex. Pre-semester readiness/get books/attend orientation)			
Step 2. (ex. Attend all classes/complete assignments/semester involvement)			
Step 3. (ex. Pass semester with 2.0 GPA or greater)			

*I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of education and/or employment through specific action steps and I am required to follow the steps developed in the ISP. I must participate in educational activities and/or work activities that will promote my self-sufficiency, failure to do so may constitute suspension from the Employment & Training Program for a period of 60 days, but not more the 90 days. I also understand that if there are any changes to be made that I will contact my case worker in a timely manner to ensure my success in the Employment & Training Program.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employment & Training Staff

\_\_\_\_\_  
Date



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## BUDGET FORECAST/ FINANCIAL AID PACKAGE NEED SHEET

**Students, it is your responsibility to get this need sheet filled out by your financial aid office and submit back to us before the deadline. You will need to contact your financial aid and be persistent on retrieving this form.**

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Native Corp: \_\_\_\_\_

College/University/Training Center \_\_\_\_\_

Mailing Address at school: \_\_\_\_\_

Have you been accepted for Admission?  Yes  No Major/ Degree/ Training: \_\_\_\_\_

I give \_\_\_\_\_ permission to release the information in

*Name of College/University/Training*  
my financial aid academic files to the Maniilaq Employment & Training Program.

*Students Signature*

*Date*

**↓ FAX THIS FORM TO YOUR SCHOOL Bottom portion to be filled out by school Financial Aid Officer ↓**

### COLLEGE / UNIVERSITY/TRAINING BUDGET

**Comments:**

Tuition	\$
Fees	\$
Room	\$
Board	\$
Books	\$
Other (Specify)	\$
<b>TOTAL NEED</b>	<b>\$</b>

Student has not yet applied for financial aid.

Need cannot be determined.

Student's application is incomplete

#### Class Category

Freshman  Sophomore  Junior  Senior  Undergrad

Quarterly Training  1 Yr. Training  2 Yr. Training

Forecast for term beginning: \_\_\_\_\_ and ending: \_\_\_\_\_

**Special Note to Financial Aid officer**, if awards are not confirmed or received, please provide an estimate for student, you may use the previous semester information, if needed.

TYPE OF AID:	FALL Qtr-1	SPRING Qtr-2	SUMMER Qtr-3	WINTER Qtr-4
Alaska Student Loan				
Federal Loans/Direct Loans				
College Work Study Program				
PELL Grant				
SEOG				
Social Security				
Robert Aqqaluk Scholarship				
Nova Copper Scholarship				
Village/ Tribal IRA's/ City Scholarship				
Frank Ferguson Borough Scholarship				
Other Scholarship/ Grants				
Family or Student Contribution				
<b>TOTAL RESOURCES</b>				

**Financial Aid Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Job Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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**Use this Verification form only if applying for our WIOA Scholarship, if not applying for WIOA, please put an X through this page-**

## Verification of Employment and Training Needs

**-To be filled out by Employer or School Official-**

*The individual named below has applied for services through Maniilaq Association's Employment & Training Program. Please provide the following information for verification.*

Applicant's Name:	
Employer or School Name:	
Employer or School Address:	
Phone Number:	Fax Number:

***From the boxes below, choose either option that applies to the student:***

### Employment

Applicant's Job Title:		
Employment Start Date:	Date of first check:	
Date of Hire:	Hourly Salary:	Hours Per Week:
<b>Please indicate applicant's employment status</b>		
<input type="checkbox"/> Pre-employment interview/orientation dates:		
<input type="checkbox"/> Full-time, permanent		
<input type="checkbox"/> Full-time, temporary. If temporary, what is the duration of employment _____ weeks/months?		
<input type="checkbox"/> Part-time, permanent		
<input type="checkbox"/> Part-time, temporary. What is the duration of employment?		
<input type="checkbox"/> Other, explain:		
Does position offer fringe benefits? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Is this a career ladder position? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If so, please list the training that the applicant will need to advance in his/her higher position:		
Does the job description require training or certification not provided by employer? If so, please list:		

### Training

Applicant's Training Title:	
Training Start Date:	Training End Date:
<b>Please indicate applicant's training status</b>	
<input type="checkbox"/> Orientation or training dates:	
<input type="checkbox"/> Full-time	
<input type="checkbox"/> Part-time	
<input type="checkbox"/> Short training. What is the duration of the training?	

Signature of Employer/Faculty Staff \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_