

MANILAQ ASSOCIATION WORKFORCE DEVELOPMENT

PAARAQ APPLICATION

<input type="checkbox"/> New(First Time) Applicant
<input type="checkbox"/> Returning Applicant
Sessions/Deadlines: (Before Midnight AST)
<input type="checkbox"/> Fall -1st Friday in August
<input type="checkbox"/> Spring -1st Friday in January
<input type="checkbox"/> Summer -1st Friday in June

Up to \$1500.00 award to Tribal members:

- ✓ Enrolled into a Federally Recognized Tribe in the Maniilaq service area,
- ✓ Residing in the service area,
- ✓ Accepted into an accredited college or university,
- ✓ With a major relating to Maniilaq services,
- ✓ Number of recipients will be determined based on availability of funds.

New Applicant Requirements:		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> High School Transcripts/GED	<input type="checkbox"/> Acceptance Letter
<input type="checkbox"/> Class Registration	<input type="checkbox"/> Letter of Intent	<input type="checkbox"/> Official Transcripts
<input type="checkbox"/> Two Letters of Recommendation	<input type="checkbox"/> Verification of Tribal Enrollment	

Returning Applicant requirements:
<input type="checkbox"/> Complete Application
<input type="checkbox"/> Official Transcripts: ✓ Fall Term
<input type="checkbox"/> Unofficial Transcripts: ✓ Spring Term ✓ Summer Term
<input type="checkbox"/> Class Registration
<input type="checkbox"/> Letter of Intent

Applicant's responsibility: contact WFD to ensure your application has been received, and is complete. If your application is incomplete, **you will have 30 days from the applications deadline to submit all required documentation.**

Applicant Information:

Name: First Middle Last			Social Security Number:	
Maiden Name or Other Names Used:			Date of Birth:	Male: Female:
Permanent Mailing Address:		City:	State:	Zip Code:
Mailing Address while attending school:		City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:		
E-mail Address:			Tribal IRA Enrolled in:	

What is your grade level?

- Never Attended College/1st Year
 Attended College Before/1st Year
 2nd Year/Sophomore
 3rd Year/Junior
 4th Year/Senior
 5th Year/Other Undergraduate
 Continuing Graduate

Academic Records

College/University:				
Address:		City:	State:	Zip Code:
Major:	Credits Earned to Date:		Cumulative GPA:	

Applicants Full Name

Signature

Date

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Authorization for Release of Information

I, _____, hereby authorize the release of information requested by the Maniilaq Association Workforce Development (WFD). I authorize Workforce Development to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I am an applicant or recipient of subsidy from Workforce Development.

Organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors, stock and grantees, Health Care Providers, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities, and Tribal Government Services.

College/University:			
Address:	City:	State:	Zip Code:
Major:	Credits Earned to Date:	Cumulative GPA:	

I certify that all information contained in this application is accurate and true to the best of my knowledge and understand that the information is subject to verification.

Applicants Full Name	Signature
MANIILAQ	ASSOCIATION
Social Security Number	Date