



# MANIILAQ ASSOCIATION EMPLOYMENT & TRAINING

## 102.477 AVT (ADULT VOCATIONAL TRAINING) & WIOA (WORKFORCE INNOVATION OPPORTUNITY ACT) SCHOLARSHIP APPLICATION

It is the **student's responsibility** to ensure Maniilaq WFD receives the application, **please call to verify**

<input type="radio"/> <b>Adult Vocation Training (AVT)</b> <b>Eligibility Requirements</b>	<input type="radio"/> <b>Workforce Innovation Opportunity Act (WIOA)</b> <b>Eligibility Requirements</b>
<b>Apply for:</b> Vocational Training Programs	<b>Apply for:</b> Vocational Training and College Certificate Programs
<p><b>DEADLINE: Please submit as early as possible</b>            Application must be <b>completed in full</b> with all required documents <b>and submitted by 12pm on the Friday before training starts.</b></p> <p><b>Example:</b> Training starts Monday, Feb. 12, submit <b>fully</b> completed application with all required documents by 12pm, Friday, Feb 9.</p> <p>This will allow Maniilaq WFD staff to review application and submit any travel requests to airline on a timely basis</p>	<p><b>DEADLINE: Please submit as early as possible</b>            Application must be <b>completed in full</b> with all required documents <b>and submitted by 12pm on the Friday before training starts</b></p> <p><b>Example:</b> Training starts Monday, Feb. 12, submit <b>fully</b> completed application with all required documents by 12pm, Friday, Feb. 9</p> <p>This will allow Maniilaq WFD staff time to review application and submit any travel requests to airline on a timely basis</p>
<input type="radio"/> Tribal Enrollment -Village IRA (Ambler, Deering, Kivalina, Kobuk, Noorvik, or Shungnak) - <b>if your tribe is not listed, you must apply for AVT with your tribal IRA</b>	<input type="radio"/> Tribal Enrollment - Village IRA (Kotzebue and all surrounding villages)
<input type="radio"/> Show proof of applying for other financial resources, i.e. FAFSA (if school accepts and/or other local/regional scholarships)	<input type="radio"/> Acceptance letter or Proof of Enrollment from School
<input type="radio"/> Letter of Intent	<input type="radio"/> One Letter of Recommendation
<input type="radio"/> High School Diploma/GED or High School Transcript	<input type="radio"/> Show proof of applying for other financial resources, i.e. FAFSA (if school accepts) and/or other local/regional scholarships
<input type="radio"/> Acceptance Letter from School	<input type="radio"/> Letter of Intent
<input type="radio"/> Transcripts or Progress reports from previous training	<input type="radio"/> Selective Services Registration, for males 18+
<input type="radio"/> Selective Services Registration, for males 18+	<input type="radio"/> Transcripts or Progress Reports from previous training
<input type="radio"/> One Letter of Recommendation	<input type="radio"/> Last 6 months income
	<input type="radio"/> Current Bank Statement
	<input type="radio"/> Create ALEXsys Profile and provide verification

### \*CONTINUING STUDENTS ONLY: Requirements below\*

<u>Adult Vocational Training (AVT)</u>	<u>Workforce Innovation Opportunity Act (WIOA)</u>
<ul style="list-style-type: none"> <li>◇ AVT/WIOA Application</li> <li>◇ Letter of Intent to Continue</li> <li>◇ Transcripts or Progress Report</li> <li>◇ Continuation Acceptance Letter or Class Registration</li> <li>◇ Proof of Applying for Other Scholarships</li> <li>◇ Proof of Applying for FAFSA (if school accepts)</li> </ul>	<ul style="list-style-type: none"> <li>◇ AVT/WIOA Application</li> <li>◇ Letter of Intent to Continue</li> <li>◇ Transcripts or Progress Report</li> <li>◇ Continuation Acceptance Letter or Class Registration</li> <li>◇ Proof of Applying for Other Scholarships</li> <li>◇ Proof of Applying for FAFSA (if school accepts)</li> </ul>



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### Applicant Information

**\*Check your email as well for correspondence from Maniilaq WFD Staff\***

Name: First			Middle		Last		Social Security Number				
E-mail Address:						Date of Birth:		Male <input type="radio"/>		Female <input type="radio"/>	
Permanent Mailing Address:					City:		State:		Zip:		
Mailing Address while attending school:					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

College/University or Vocational School						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"/>			On Campus <input type="radio"/>		Off Campus <input type="radio"/>		Other:					

### 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:	

**Statement of Truth:** Under penalty of perjury, I certify that all information contained in this application is accurate and true to the best of my knowledge. I understand that the information is subject to verification. I further certify that any funds received under the Maniilaq 477 Workforce Development Department will be used solely for expenses related to my attendance at the educational institution listed on this application:

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

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date



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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>example. GED, Vocational/Certificate, Associates degree, Bachelor's degree, Master's degree</i>			
<b>Career Goal:</b> <i>example. 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"/> Job searching <input type="checkbox"/> Volunteer Work Experience <input type="checkbox"/> Job Sampling or Job Shadowing <input type="checkbox"/> On-the-job training <input type="checkbox"/> Job Readiness <input type="checkbox"/> Other: _____	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> ESL(English as a 2 <sup>nd</sup> Language) <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Literacy Improvement <input type="checkbox"/> Employment Counseling <input type="checkbox"/> Other: _____	<input type="checkbox"/> Life Skills Instruction <input type="checkbox"/> Parenting Skills Workshop <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Substance Abuse Assessment <input type="checkbox"/> Substance Abuse Treatment <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

\_\_\_\_\_  
Maniilaq Workforce Development Staff

\_\_\_\_\_  
Date