



AVT/WIOA Scholarship Program

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752
 Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: etprogram@maniilaq.org

Adult Vocational Training (AVT) and Workforce Innovation Opportunity Act (WIOA) funding can be provided to individuals who are enrolled into a federally recognized tribe and attending an education or employment program to become self-sufficient.

Authorized BIA Resolutions include the following tribes for AVT: Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak. If your tribe is not listed, please reach out to your tribe where you are enrolled.

Authorized tribes for WIOA: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noatak, Noorvik, Selawik, and Shungnak.

Adult Vocational Training (AVT)	Workforce Innovation Opportunity Act (WIOA)
<input type="radio"/> Vocational Training Programs	Check one below: <ul style="list-style-type: none"> <input type="radio"/> Vocational Training or Certificate Programs <input type="radio"/> On the job training experience <input type="radio"/> Work experience <input type="radio"/> Youth WIOA
<input type="radio"/> High School Diploma/GED or High School Transcript	<input type="radio"/> Acceptance letter or Verification of Enrollment from School or Employer
	<input type="radio"/> Last 6 months income or current pay stub reflecting YTD (Adult bank statement – if youth, parent(s) must turn in)
	<input type="radio"/> Current Bank Statement (Adult bank statement – if youth, parent(s) must turn in)
	<input type="radio"/> Create ALEXsys Profile and provide verification (employable 18 years or older)
<input type="radio"/> Tribal Enrollment – Village IRA	
<input type="radio"/> Show proof of applying for other financial resources Resources include: FAFSA, or other local & regional scholarships	
<input type="radio"/> Letter of Intent	
<input type="radio"/> Selective Services Registration (Males 18 & Older)	
<input type="radio"/> Acceptance Letter from School or Employment Verification	
<input type="radio"/> Budget Need Sheet from school/training	
<input type="radio"/> Transcripts or Progress reports (If previously funded, provide certification or progress report)	
<input type="radio"/> Letter of Recommendation	

ASSOCIATION

DEADLINE: Please submit as early as possible

Training: Application must be completed prior to the first day of training. Example: training starts on February 2nd, the application must be completed by January 31st.

Employment: Applicant must have application completed within 30 days of date received.

Application must be completed 10 days prior to expected travel date for any travel related expenses



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Applicant Information

Full Name:		Other Name/Alias:	
Email Address:			
Mailing Address:			
Physical Address:			
Phone Number: (H)		(W)	(C)
Veteran: <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Marital Status (Please check one)	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Household Type (Please check one)	<input type="radio"/> Single Parent	<input type="radio"/> 2 Parent Family	<input type="radio"/> Foster Family <input type="radio"/> Adoptive Family

Household Information - List all persons residing permanently in your household. If you need additional space use another sheet of paper.

Name	Relationship	DOB	IRA Tribal Enrollment	Highest Grade Completed	Income
	Self				

University/College/Vocational School

Name	
Address	
Field of Study or Training	<input type="radio"/> Full-time Student <input type="radio"/> Part-time Student
Start date	Expected Graduation Date

Current or Last Employer	Hourly Wage
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Barriers

<input type="checkbox"/> Currently employed/low income	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Unemployed (15+ weeks)	<input type="checkbox"/> Disabled
<input type="checkbox"/> Substance Abuse Issues	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Living in Rural Area	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Public Assistance/Child Support	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> Pregnant/Teen Parent	<input type="checkbox"/> Lack of work history
<input type="checkbox"/> No GED or High School Diploma	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Lack of Degree

The goal of the AVT/IWOA program is to increase self-sufficiency. Each recipient must work with a caseworker to develop and sign an Individual Self-Sufficiency Plan (ISP). The plan must outline the specific steps the individual will take to increase independence by meeting the goal of education and employment.



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CLIENT RIGHTS & RESPONSIBILITIES

Rights:

As a client, you have the right to be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, age, disability or income status. Maniilaq Association 477 Programs will keep your information confidential. You have the right to discuss any action taken on your application or your case with your case worker or with your case worker's supervisor.

Responsibilities:

You have the responsibility to treat staff with respect; report changes in your household within 10 days which includes but not limited to: end of employment, change of wage rate, change of part-time to full-time or full-time to part-time; changes on address, schools or training locations; type of degree or training program.

I understand that Federal Law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals, or voices up by any trick, scheme or devise a material fact, or makes any false fictions or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both". I understand that if I acquire services fraudulently, that I am subject to prosecution under 18 U.S.C. 1001 which carries a fine and or imprisonment. I understand that a home visit may be required for some program services.

477 APPLICANT APPEAL/ GRIEVANCE PROCESS

Maniilaq P.L 102.477 program has established a uniform appeal and grievance procedure applicable to all participants within our programs engaged in any type of activity included under the 102.477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal for Maniilaq 102.477 programs is presented and resolved by the Maniilaq Association Tribal Government Administrator. The final appeal process for Maniilaq's Tribal TANF is resolved through the State of Alaska, Department of Public Assistance. All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). An appeal/ grievance may be sought by any participant within our programs who believe that a violation of the Regulations has occurred or to further research eligibility or payment determination.

The following procedure shall be used as the means of settling such appeal and/ or grievances:

Step 1. The participant will first make a verbal or written complaint to their case worker within 20 days of the incident.

Step 2. If the matter is not resolved to the satisfaction of the participant, the participant will submit the complaint in writing to the Employment & Training Lead Caseworker at **P.O. Box 256 Kotzebue, AK 99752.**

Step 3. If the matter is not resolved to the satisfaction of the participant, the participant will submit the complaint in writing to the Workforce Development Director at **P.O. Box 256 Kotzebue, AK 99752.**

Step 4. If the matter is not resolved to the satisfaction of the participant, the participant will submit the complaint in writing to the Tribal Government Services Administrator at **P.O. Box 256 Kotzebue, AK 99752.**

TRIBAL TANF ONLY- If the Tribal Government Administrator determination does not settle the matter to the grievant's satisfaction, the grievant may appeal to the State of Alaska, Department of Public Assistance. The participant will put their complaint in writing and submit it to Director, Department of Public Assistance, State of Alaska P.O. Box 110640 Juneau, Alaska 99811-0640

477 Program- If the Tribal Government Administrator determination does not settle the matter to the grievant satisfaction, the grievant may appeal to the Federal Representative, Division of Workforce Development 3601 C Street, Suite 1360 Anchorage, Alaska 99503.

Printed Name of Applicant

Date

Printed Name of Co-Applicant

Date



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Authorization for Release of Information

I (applicant) _____, and (co-applicant) _____, hereby authorize the release of information requested by Maniilaq Association Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development Services.

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.

- Birth certificate
- Tribal IRA Enrollment
- Income
- Native Corporation Shares and Distributions
- Immunization Records
- Employment or School Information
- Office of Children Services
- Disability Verification
- Other: _____

Printed Name of Applicant

Date

Printed Name of Co-Applicant

Date

Signature of Applicant

Signature of Co-Applicant

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ASSOCIATION