

Nome Eskimo Community
Box 1090
Nome, Alaska 99762
Phone (907)443-2246
Fax (907)443-9144



VOCATIONAL TRAINING ASSISTANCE

Vocational Training assistance is available for eligible applicants who pursue job skills necessary to obtain and/or retain employment.

Services are available to assist eligible applicants who were accepted to attend a certified vocational trade school, certificate, diploma or apprenticeship program at an accredited institution. Programs must be full-time and in an institutional setting.

Vocational Training funds are supplemental, therefore, applicants must apply for all other available funding sources that include but are not limited to: state, federal, local and private financial aid as well as utilize student and family resources to contribute to their educational costs. It is the responsibility of an applicant to apply for additional financial aid. In no case will Nome Eskimo Community (NEC) provide assistance to cover the total financial need of students.

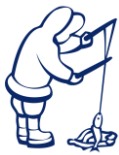
Training must be in occupations for which there is a need in the labor market. In the event that there is no labor demand for the training requested, NEC reserves the right to deny financial assistance to an applicant. NEC may reconsider the denial should an applicant provide documentation from a business or employer indicating that he/she will be employed after the completion of training.

Repeat Applicants – those who received previous vocational training services - will be low priority for consideration of funding. These requests will be determined on an individual basis and considered by need, ability, prior performance, present motivation and current employment opportunities available for an applicant. An applicant must be unemployed and have valid justification for not utilizing previous skills or training. No more than one (1) repeat service will be considered and approved.

Repeat applications will be considered for applicants unable to work in his/her primary occupation due to physical and/or other disabilities.

Incarcerated individuals are eligible to apply for assistance pending approval from the Department of Corrections. Released individuals may apply at any time. Applications are subject to approval on a case-by-case basis.

No funding will be provided for private pilot or flight instructor licenses. Funding for commercial licenses, multi-engine and instrument ratings will be limited to a total of ten (10) months of training.



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Eligibility Criteria

- 1) Tribal member of NEC.
- 2) Unemployed, under-employed, or possess limited or no job skills. Individuals who require additional training to retain employment or enhance job skills are eligible to apply.
- 3) Applicants must show documented financial need after having applied for additional resources.

Non-Residents

NEC Tribal members who have moved and no longer reside in the Bering Strait region are eligible to apply for a \$1,500 grant, which will be applied toward tuition, fees & books or school-related expenses. These grants are one time only.

Applicants are expected to demonstrate commitment to their training. This can be accomplished by making a personal contribution from savings or applying for other financial aid such as the Pell Grant (if available through the school), the Alaska Student Loan, and/or other local or private resources. These resources will be applied to training costs.

Application Deadline

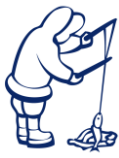
A complete application - that includes all required documents - must be received at least one (1) month before the training program starts. The Tribal Services staff will adhere to the application deadline.

Application Procedures (Applicants Must Submit the Following Documents)

- 1) Vocational Training Application.
- 2) Official high school and/or college transcripts.
- 3) High School Diploma or General Education Diploma certificate.
- 4) Training and career goals essay identifying training needs and employment plans after completion of training.
- 5) Two letters of recommendation.
- 6) School Acceptance Letter.
- 7) Current photograph of applicant.

Termination

Should a participant be terminated from a training program or chose to leave before completion of the program, NEC reserves the right to deny further financial assistance for travel, personal needs or any other costs incurred after the participants' last day of the program.



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EDUCATION AND TRAINING INFORMATION

Applicant Name: _____ SSN: _____ DOB: _____

Previous Education or Training:

School Attended: _____

P.O. Box, City, State, Zip Code: _____

Type of Degree or Certificate pursued: HS Diploma AA / AS BA / BS MA / MS Other: _____

Emphasis or Major: _____ Dates Attended: _____

Graduated: Yes No

List any licenses/certificates with date of completion/expiration date not related to above education and training:

Current Education (where you will be attending school):

School Name: _____

Address, City, State, Zip Code: _____

Phone: _____ Fax: _____

Major Field of Study or Emphasis: _____

Class Status: Freshman (0-29 credits) Sophomore (30-59 credits) Junior (60-94 credits) Senior (95+ credits)

Graduate Student Other _____

Type of Degree or Certificate pursuing: Certificate AA / AS BA / BS Other: _____

Type of Term this College operates on: Weekly Monthly Quarter Other: _____

Start Date: _____ Completion Date: _____ Number of Credits Enrolled: _____

Your Mailing Address During School (if available):	Your Permanent Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:
Facebook:	Facebook:



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STUDENT BUDGET

Applicant Name: _____ SSN: _____

List each source of federal or state financial aid applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

List each scholarship applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

FORM INSTRUCTIONS

1. List all financial aid that you applied for in the first set of boxes. Update staff on any pending aid you receive after this budget is submitted.
2. List all scholarships you applied for in the second set of boxes. Update staff on any pending scholarships you received after this budget is submitted.
3. Calculate the totals for student funds and costs to determine unmet need.

Please contact the Tribal Services staff if you have any questions concerning the student budget form.

By signing below, you certify that the information is true and correct to the best of your knowledge and you agree to update the Tribal Services staff on any pending amounts documented on your Student Budget after submission.

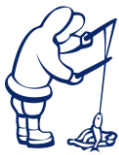
Total Aid and Scholarships	\$
Student Contributions	\$
Parents or Spouse Contribution	\$
TOTAL STUDENT FUNDS	\$

School Related Costs for this Term:

Tuition	\$
Books	\$
Fees	\$
Supplies	\$
Room	\$
Meals	\$
Transportation	\$
Other	\$
TOTAL COSTS	\$

TOTAL UNMET NEED FOR STUDENT	\$
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Signature: _____ Date: _____



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Vocational Training Assistance

****INCOMPLETE APPLICATION WILL NOT BE PROCESSED****

Date: _____

1. Contact Information:

Applicant Name: _____ Daytime Phone #: _____

Mailing Address: _____

Physical Address: _____ E-mail: _____

2. Household Information:

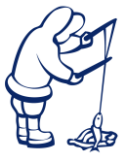
Full Legal Name	Social Security Number	Date of Birth	Age	Relation to Applicant	Enrollment Village Tribe	Grade Comp.
1.				SELF		
2.						
3.						
4.						
5.						
6.						
7.						
8.						

3. Are you a veteran? Yes No If yes, date of discharge: ____/____/____

4. Are you registered with selective service? Yes No

5. Where do you live now? Own Home Rent House or Apartment Rent Room

With Relatives With Friend Other (please explain): _____



RECORD OF INCOME & RESOURCES

All the information requested on this form is for the month you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application.

6. List each household member's information for earned or unearned income received this month.

Source of Income	Gross Amount (before taxes)	Net Amount (after taxes)	Payment Schedule	Recipient of Income
Salary/wages				
other				
other				

Expense/Bill	Monthly Amount	Date Due	Total Bill	Recipient of Expense
Rent or Mortgage				
Utilities – electricity, water, sewer, garbage				
Heating – household oil, fuel, wood				
Food				
Telephone				
Transportation – for work				
Other- child care				
Other				
TOTAL MONTHLY EXPENSE				

7. Please provide a copy of your bank statements for the last 2 months

8. READ BEFORE SIGNING: I am applying for financial assistance for services for the listed members of my household who are in need. I have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. The Federal law concerning fraud states: "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both." I agree to supply information regarding resources and income and to notify the agency of any charges in my situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

 Applicant's Signature

 Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: education transcripts, class schedules/student registration, billing information, academic status or other pertinent student information. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for one year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

Printed Name

Social Security Number

Signature

Date