



NOME ESKIMO COMMUNITY
TRIBAL SERVICES PROGRAM
P.O. BOX 1090
NOME, AK 99762
PHONE (907) 443-9112
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. Academic 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 an occupation 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.

Eligibility Criteria

- 1) Tribal member of NEC and a resident of the Bering Straits Region.
- 2) Alaska Native or American Indian enrolled with a federally recognized tribe outside of the Bering Straits Region and a resident of the Nome community.
- 3) 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.
- 4) Applicants must show documented financial need after having applied for additional resources.

A resident is defined as an individual who has physically lived in the Bering Straits Region for a minimum duration of one (1) year.

Alaska Natives or American Indians who are enrolled with a federally recognized tribe located outside the Bering Straits Region but live in the Nome community for a minimum duration of one (1) year shall be eligible to apply for services, but will be encouraged to contact and apply through their Tribal entity before services are considered.

Non-Residents – NEC Tribal members who have moved and no longer reside in the Bering Straits 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 (1) 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 two (2) weeks before the training program commences for priority of funding and processing. The Tribal Services staff will adhere to the application deadline.

Application Procedures (Applicants Must Submit the Following Documents)

- 1) Tribal Services Vocational Training Application
- 2) Official high school and/or college transcripts.
- 3) High School Diploma or General Education Diploma certificate. Students who attended high school that did not pass the exit exam will be considered on a case-by-case basis.
- 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 choose 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 school.

OTHER FINANCIAL RESOURCES

REGIONAL SCHOLARSHIPS

Bering Straits Foundation
(BSNC shareholders/descendants)
P.O. Box 1008
Nome, AK 99762
Phone (907) 443-5252
www.beringstraits.com

Norton Sound Health Corporation
(Health Professions)
P.O. Box 966
Nome, AK 99762
Phone (907) 443-3311
www.nortonsoundhealth.org

Sitnasuak Foundation
(SNC shareholders/descendants)
P.O. Box 905
Nome, AK 99762
Phone (907) 443-2632

Norton Sound Economic Development Corporation
(Bering Straits Residents only)
P.O. Box 193
Unalakleet, AK 99684
Phone (907) 642-3190
www.nsedc.com

STATE PROGRAMS

Alaska Student Loan
Alaska Commission on Postsecondary Education
3030 Vintage Boulevard
Juneau, Alaska 99801-7109
1-800-441-2962
www.state.ak.us/acpe

Contact your school's financial aid office for more resources.

EDUCATION AND TRAINING INFORMATION

Applicant Name: _____ SSN: _____

Previous Education and Training:

School Attended: _____

Address, City, State, Zip Code: _____

Emphasis or Major: _____ Dates Attended: _____

Degree or Certificate pursued: AA / AAS BA / BS MA / MS Other: _____

Graduated: Yes No

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

Current Education and Training:

School Name: _____

Address, City, State, Zip Code: _____

Emphasis or Major: _____

Degree or Certificate pursuing: AA / AAS BA / BS MA / MS Other: _____

Term System: Weekly Monthly Quarter Trimester Semester Other: _____

Start Date: _____ Completion Date: _____ Earned Credits: _____

| Student Address During School: | Student Residential Address Out of School: |
|--------------------------------|--|
| | |
| | |
| | |
| Telephone: | Telephone: |
| Fax: | Fax: |
| E-mail: | E-mail: |

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 received 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: | \$ |
|--------------------------------------|-----------|

Signature: _____ Date: _____

Nome Eskimo Community
Application for Tribal Services Assistance
*****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSES*****

DATE OF APPLICATION: _____

1. What service or assistance are you applying for?

Higher Education/Vocational Training – supplemental funds to assist eligible applicants.
 Direct Employment – one-time assistance with transitional costs to obtain and/or retain employment.
 Welfare – assistance with shelter, utilities, food or clothing when insufficient resources are available.
 Other (PLEASE LIST): _____

2. CONTACT INFORMATION

Home Phone #: _____ Daytime Phone #: _____

Mailing Address: _____

Physical Address: _____ E-mail: _____

3. HOUSEHOLD INFORMATION

| Full Legal Name | Social Security Number | Date of Birth | | | Age | Relation to Applicant | Enrolled w/what tribe | Grade Completed |
|-----------------|------------------------|---------------|--|--|-----|-----------------------|-----------------------|-----------------|
| | | | | | | | | |
| 1. | | | | | | SELF | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |

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

5. Are you registered with selective service? Yes No

6. Where do you live now? Own Home Rent House or Apartment Rent Room
 With Relatives With Friend Other (please explain): _____

8. List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

| Expense/Bill | Amount Due | Date Due | Total Bill | Recipient of Expense |
|--|------------|----------|------------|----------------------|
| Rent or Mortgage | | | | |
| Utilities – electricity, water, sewer, garbage | | | | |
| Heating – household oil, fuel, wood | | | | |
| Food | | | | |
| Telephone | | | | |
| Gas – for work | | | | |
| Propane | | | | |
| Household cleaning supplies | | | | |
| Personal hygiene supplies | | | | |
| Clothing | | | | |
| Other - | | | | |
| Other - | | | | |
| TOTAL MONTHLY EXPENSE | | | | |

9. List account information and availability of funds, use the back page if more space is needed:

| Name of Bank or Financial Institution | Type of Account | Balance Available | Name(s) on Account |
|---------------------------------------|----------------------------------|-------------------|--------------------|
| | Checking Savings Other (explain) | | |
| | Checking Savings Other (explain) | | |

10. **READ BEFORE SIGNING:** I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) 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 (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of the authorization will be valid for one year after 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.

Printed Name of Applicant

Signature of Applicant

Social Security Number

Date
