

Bristol Bay Economic Development Corporation

P.O. Box 1464 Dillingham, AK. 99576 : (907) 842-4370 : 1-800-478-4370 : Fax (907)842-4336 : 1-888-325-4336



BBEDC Voc/Tech Funding Program

ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts Voc-Tech applications from CDQ residents who are in need of financial assistance to attend various voc-tech schools that have certificate and diploma programs. The requirements of eligibility are:

- Provide proof of residency in one of the following communities:

Aleknagik	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	King Salmon	Levelock
Manokotak	Naknek	Pilot Point	Port Heiden
Portage Creek	South Naknek	Togiak	Twin Hills
Ugashik			

- Complete BBEDC Voc/Tech Funding Application
- Provide completed Budget sheet
- Provide a copy of your high school diploma or GED or a copy of your most recent educational or vocational transcripts
- Provide proof of age, 18 years or older
- Acceptance letter from the school you are applying
- Submit an essay or letter of request that includes:
 - (1) Your training and employment goals
 - (2) How your training relates to your goals
 - (3) Employment opportunities after completion of your training

- Release of information form

APPLICATION MUST BE RECEIVED NO LESS THEN THREE WORKING DAYS PRIOR TO THE BEGINNING OF TRAINING. LATE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

BBEDC VOC/TECH FUNDING APPLICATION

Please Print

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____

Social Security # _____

Are you a U.S. citizen? ___ Yes ___ No If No, Work Permit Number? _____

Your Employment & Training Goals:

1. What specific job do you have in mind after completion of this training program?

2. Where will you be getting your training? _____

3. What specific training program are you enrolled in? _____

4. How long do you expect to attend this training program? _____

5. Start Date: _____ Graduation Date: _____

6. What certification will you have upon completion of this training program?

7. Have you previously received Employment/Training Services from BBEDC? ___ Yes ___ No

Educational History:

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
Technical/Trade:			From: To:	
College: (list all attended)				
Other Training/Education:				
a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)				

Employment History

Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		

Budget Information:

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate.

Actual Costs:

<u>Description</u>	<u>Amount</u>
Tuition	\$ _____
Books/Fees	\$ _____
Airfare	\$ _____
Transportation	\$ _____
Room	\$ _____
Board	\$ _____
Miscellaneous	\$ _____
TOTAL	\$ _____

Student's Contribution

<u>Description</u>	<u>Amount</u>
Savings	\$ _____
BBNA	\$ _____
BBNC	\$ _____
Permanent Fund Dividend	\$ _____
State (WIA)	\$ _____
Student Loan	\$ _____
Other sources _____	\$ _____
TOTAL	\$ _____

AMOUNT REQUESTED FROM BBEDC \$ _____

Applicant Signature

Date

By signing this application I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicants request for funding by BBEDC.

VERIFICATION OF RESIDENCY

It is a requirement of the Bristol Bay economic Development Corporation that individuals applying for services from BBEDC must be a *resident of one of the 17 CDQ communities that BBEDC represents.

Bristol Bay CDQ communities:

Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.

***Definition of a CDQ community resident:**

A person who has resided (lived) in the community for a period of 12 consecutive months or more and continues to live in that community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

This Affidavit of Residency must be completed by an authorized representative of the village tribal council or the city government.

I verify that _____
(Name)

is

is not

a resident of _____, and

has been

has not been

residing in this CDQ community for the past twelve months.

Signed by: _____ Date: _____

Organization: _____ Date: _____

Thank you for your assistance. If you have questions, please call BBEDC at the numbers listed above.

CONFIRMATION OF RESIDENCY

Name: _____
(please print)

Address: _____ City/State: _____ Zip: _____

Social Security #: _____ Phone: _____ Fax: _____

How long at this address: _____ Date: _____

The Bristol Bay Economic Development Corporation, by state regulations, requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities.

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you **must** provide the following documentation:

- A verification of residency form from either the city council or village council. (See attached form) In addition, you **must** provide a State of Alaska photo ID and at least one of the following documents:
 - A copy of your Permanent Fund Dividend Check stub that shows your address.
 - A copy of your ID or Alaska State Drivers License with your address.
 - Copies of current utility bill receipts in your name from your residence.
 - A copy of your most recent pay check stub that shows your address.
 - A copy of your recent AFDC or food stamp benefit receipts.
 - Voters registration card

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes; military service; or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying attendance during the previous year, if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE: _____ **DATE:** _____

Bristol Bay Economic Development Corporation

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Authorization For Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational agencies' records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

This information is to be used for the verification of the eligibility of _____

This authority shall continue in effect until this student is no longer enrolled in BBEDC's Employment or Training Program.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, How long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Employment & Training program.

Signature: _____ Date: _____

I authorize you to furnish the Bristol Bay Economic Development Corporation with any and all information that you have concerning my work/employment records and me. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position and/or training I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected the Bristol Bay Economic Development Corporation hiring practices, including myself.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974. I hereby waive those rights with the understanding that the information furnished will be used by the Bristol Bay Economic Development Corporation and retained by them in confidence.

I hereby release you, and your organization from any liability of damages that may result from furnishing the information requested.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____