

# 2019 BBEDC Vocational/Technical Training Program

---

## ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts Voc-Tech applications from CDQ residents who are seeking financial assistance for vocational training. BBEDC will prioritize training at Southwest Alaska Vocational Education Center (SAVEC), secondly in-state and as a last resort, out-of-state. Applicants must demonstrate in writing why training outside the region is necessary.

**In order to qualify for BBEDC Voc/Tech Program Funding, the training must meet at least one of the following criteria:**

- Fisheries related training directly related to the fisher's operation including industry related skills training or training that could lead to entry into a Bristol Bay commercial fishery as a crewman.
- Job-readiness training that would provide new or enhance current employment skills for those unemployed with the goal of increasing employability.
- Employer mandated training that would result in continued employment, a direct employment advancement or pay increase with said employer (limited to \$2,500 per year).
- Continuing education training to maintain certifications that are required for current occupation.
- Full-time vocational technical education program leading to a nationally recognized certification, license or degree that could lead to direct employment in the vocation.

Students who are pursuing degrees/certifications/licenses or training directly related to their primary employment through online delivery, are required to use training providers in the order of priority outlined above. Written justification for use of a particular training provider must be provided for all training outside of the region. An eligibility determination of these applications will be considered by BBEDC program staff on a case-by-case basis.

**The requirements of eligibility are:**

- Complete BBEDC Voc/Tech Funding Application
- Provide completed budget sheet
- BBEDC Residency form (located on homepage under Quick Links ([www.bbcdc.com](http://www.bbcdc.com))) and a copy of your **Alaska ID or driver's license along with one of the following:**
  - 2018 Alaska Permanent Fund Dividend records (<https://pfd.alaska.gov>)
  - Current rent receipt, electric/fuel bill or other proof of maintaining a home in a BBEDC CDQ community
  - Most recent employment or unemployment records (ex. W-2, check stub, statement)
  - Recent TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter
  - Voter registration card/letter
- Copy of government issued photo ID
- Must meet minimum age requirement of training institution
- Acceptance letter or proof of registration from the school you are applying
- Provide two letters of recommendation
  1. Professional (school or work related)
  2. Personal
- 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
- Relationship Disclosure Form (located on homepage under Quick Links ([www.bbcdc.com](http://www.bbcdc.com)))
- Letter from employer, if training is employer mandated
- Justification letter if training is outside of the region
- Incomplete program justification, if applicable

**APPLICATIONS MUST BE SIGNED AND COMPLETE NO LESS THAN SEVEN BUSINESS DAYS PRIOR TO THE STARTING DATE OF THE CLASS.  
LATE APPLICATIONS WILL BE DENIED FUNDING.**

**Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.**

PO Box 1464 ♦ Dillingham, AK 99576 ♦ Phone: (907) 842-4370 or (800) 478-4370  
Fax: (907) 842-4336 or (888) 325-4336 ♦ Website: [www.bbcdc.com](http://www.bbcdc.com)

# 2019 BBEDC VOCATIONAL/TECHNICAL PROGRAM FUNDING APPLICATION

Please Print

Full Name as it Appears on ID/AKDL: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Message Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alaska Airline Mileage # \_\_\_\_\_ Primary Employment: \_\_\_\_\_

## Employment & Training Goals:

1. What specific job do you have in mind after completion of this training program?  
\_\_\_\_\_
2. What training are you interested in? \_\_\_\_\_
3. What specific training program are you enrolled in? \_\_\_\_\_

School Name: \_\_\_\_\_ Contact Name/Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

*Note: If training facility is located out of region or is through online delivery, please justify the use of this facility in a separate letter and include school contact information.*

4. Training Start Date/Time: \_\_\_\_\_ Completion Date/Time: \_\_\_\_\_
5. What certification, license or degree will you have upon completion of this training program? \_\_\_\_\_

6. Is this training related to your primary employment? Yes No  
**If yes, how is it related?** \_\_\_\_\_

7. Is this training mandated by your employer? Yes No

8. Have you previously received Employment/Training services from BBEDC? Yes No  
What Year: \_\_\_\_\_

9. What employment opportunities and with which company are there for you upon completion of this training? \_\_\_\_\_

10. Do you plan to return to utilize your training in the Bristol Bay Region upon completion?  
Yes No

PO Box 1464 • Dillingham, AK 99576 • Phone: (907) 842-4370 or (800) 478-4370

Fax: (907) 842-4336 or (888) 325-4336 • Website: www.bbcdc.com

## Education 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 previously began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)				

## Employment History

<b>Last or Present Employer</b>		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 _____		Reason for Leaving:
<b>Employer</b>		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 _____		Reason for Leaving:
<b>Employer</b>		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 _____		Reason for Leaving:

## Budget Information:

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate. This section must be complete. **BBEDC will not make an award if the total training costs are not met.**

### Actual Costs:

Description	Amount
Tuition	\$ _____
Books/Fees	\$ _____
Airfare	\$ _____
Room	\$ _____
Board	\$ _____
Miscellaneous	\$ _____
<i>(Rental Cars Are Not Covered)</i>	
<b>TOTAL</b>	<b>\$ _____</b>

### Student's Contribution

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

**AMOUNT REQUESTED FROM BBEDC \$**

Why did you apply for this program and how will it assist you? \_\_\_\_\_

How did you learn about this program?

Liaison Website BBEDC Program Other Describe Other  
Staff Directory

Applicant's 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 applicant's request for funding by BBEDC.**

## 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  
EDUCATION, EMPLOYMENT & TRAINING PROGRAMS  
POBOX 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 Education, Employment and Training Program.

### **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 Education, Employment & Training Program.

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, and 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.

Applicant's Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_