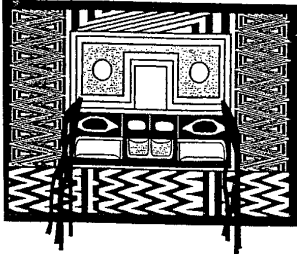


"Yee gu.aa yax x'wan."



CHILKAT INDIAN VILLAGE

AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935

32 Chilkat Ave, Klukwan, Alaska

P.O. Box 210, Haines, AK 99827

PHONE: 907-767-5505

FAX: 907-767-5518

email: klukwan@wytbear.com

ADULT VOCATIONAL GRANT APPLICATION

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays in processing this application or make impossible to process at all.

NAME _____ SS# _____
LAST FIRST MI MAIDEN

ADDRESS _____ PHONE _____
PO BOX/STREET CITY STATE ZIP

Date of Birth _____ Sex _____ Marital Status: () Single () Married () Divorced () separated
No. of Dependants _____ Veteran () yes () no Chilkat Indian Village Member _____ T&H _____

HIGH SCHOOL _____ GRAD./DATE _____

ADDRESS _____ GED/DATE _____

APPLICATION REQUEST: _____ TO _____
MO/YEAR MO/YEAR

() Academic Year () Spring Only () Fall Only () Summer () Full-Time () Part-time

INSTITUTION _____

ADDRESS _____

TYPE OF TRAINING _____

EXPECTED COMPLETION DATE _____

I WILL LIVE: () On Campus () Off Campus () With Parents () With Relatives

Have you received a BIA Grant before? () No () Yes Year _____ No. Hr. Earned: _____

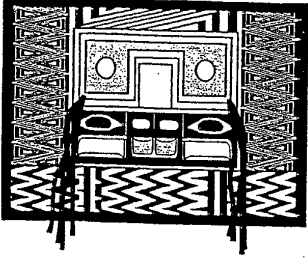
STATEMENT OF EDUCATION PURPOSE: I Declare that I will use any funds I receive under the Chilkat Indian Village Tribal Education Grant Program solely for expenses connected with attendance at: INSTITUTION NAME: _____

PRIVACY ACT AND PAPER WORK REDUCTION ACT STATEMENT: This Information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicants from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required by the Office of Indian Education Programs. Response to this request is required to obtain benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to release of this information to the necessary agencies to complete my financial aid office of the institution. I will provide a copy of my grades or transcripts to the Chilkat Indian Village Tribal Education Service Office at the end of each academic term.

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release of information requested by the Chilkat Indian Village or it's representatives within the Tribal Services Program. The requested information shall be used solely in the administration of the Tribal Services Assistance Programs, and will not be released to any other person or agency outside of the Chilkat Indian Village's Tribal Services Program.

Persons or organizations that may be contacted include, but are not limited to:
Local governments, Tribal Governments, Regional Health Organizations, Health care providers, Native Corporations, Alaska State Housing Authority, tax assessors, financial institutions, stock brokerage firms, landlords, employers, school authorities, The Department Of Law, The Department Of Fish And Game, The Department Of Labor, the Department of Military Affairs, and private individuals.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

✱ _____
Your Signature

Witness Signature If Signed With An X

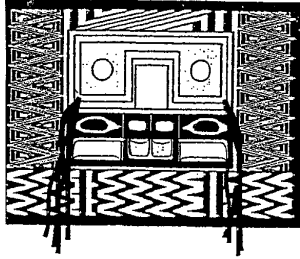
✱ _____
Printed Name

Printed Name of Witness

✱ _____
Social Security Number

✱ _____
Date

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EMPLOYMENT PLANNING INFORMATION

This form will help collect information about your employment goals, interests, work background and education so that you are better able to get, keep and advance in a job.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Social Security #: ____ / ____ / ____

Date of Birth: _____ Are you a U.S. citizen? _____

If no, Alien Registration number: _____ Expiration date: _____

EMPLOYMENT GOALS

1. Are you working now? _____ If yes, what type of work are you doing? _____

2. If you're not working now, what was your last job? _____ Date ended: _____

3. What type of work would you like to be doing in the future? _____

4. Do you know of any job openings in this line of work? _____ Where? _____

5. Are you willing to move to look for or accept a job? _____

6. Are you willing to accept a job in a remote site? _____

7. What type of help do you need to go to work? _____

WORK SKILLS & EXPERIENCE

8. Please provide an overview of your paid work and volunteer experience. List the type of work (for example, child care, clerical, fishing), the total amount of time you have done the work, and the number of different employers for whom you have done the work.

Type of work	Total months of this type of work	Total number of employers for this type of work

9. What type of work are you looking for now? _____

10. What type of work are you certain you can't do or don't want to do? _____

11. Do you have a valid Alaska Driver's License? ADL# _____

12. List equipment, machinery and tools you can operate: _____

13. List any other skills or abilities you have that can help you find and keep a job: _____

14. List any licenses or certificates you hold: _____

16. Are you registered with the Alaska Employment Service? _____

17. Do you have a resume? _____ If yes, please attach a copy.

EDUCATION & TRAINING

18. Circle the highest grade you've completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 GED

19. Do you have a college degree? What type? _____

20. What were your strongest interests in school? _____

21. Are you currently in school or training? Where: _____

Course of study: _____

22. Have you completed any vocational training programs? Date completed: _____

Where: _____ Course of study: _____

Where: _____ Course of study: _____

23. Have you started any college courses or vocational training programs that you haven't finished?

Number of months attended: _____ Date you stopped attending: _____

Where _____ Course of study: _____

ADDITIONAL INFORMATION

24. Are you a Veteran? If yes, dates of service: _____ to _____

Branch of service: _____ Type of discharge: _____

25. Have you been convicted of a crime other than a traffic violation? If yes, please explain: _____

26. Are there any other agencies that are helping you or your family? If yes, please explain: _____

STRENGTHS INVENTORY

Please circle the strengths you have that will help you go to work:

I know my best skills.

I know my strongest interests.

My health is good.

I am motivated to find a job.

I have a car or other transportation.

I have a telephone or access to a telephone.

My household has a way to get food for the whole month.

My household has heat and lights for the whole month.

I have lived in the area for at least one year.

My children have the shoes and clothes they need.

My children like school and attend regularly.

I want to live in the area for at least the next year.

I speak another language besides English.

I have Medicaid or other health insurance coverage for my family.

I've had at least one job that didn't work out (I quit or was fired) and I learned something important from the experience.

I've been better off financially when I was working than when receiving public assistance.

I have a past boss who would give me a reference.

I have friends who would give me a reference.

I have held a job successfully for at least six months.

I know how to fill out a job application.

I have or I know how to find child care when I need it.

I'm interested in learning how to drive.

My children have generally good health.

My children have experience with me being a working parent.

My children want me to go to work.

I receive child support.

My family and friends support me in going to work.

My housing is safe.

I have or can get the clothes I need to go to work.

I have some ideas about what I need to do next to go to work.

I've had at least one job that I liked and I learned something important from the experience.

I have some ideas about how the Temporary Assistance Program can help me go to work.

THANK YOU

Applicant signature

Date