

## **Sun'aq Tribe of Kodiak**

312 West Marine Way

Kodiak, Alaska 99615

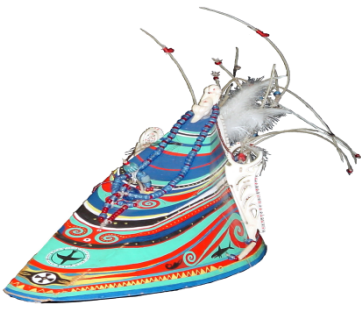
TEL: (907) 531-5009

E-mail: [scholarships@sunaq.org](mailto:scholarships@sunaq.org)

## **Job Placement and Training Application**

This application is for attaining and renewing a license or certificate for a specific skill or trade.

**Application deadline: One month before training**



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## Job Placement & Training Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant eligibility for funding is based on a variety of criteria. Completion of a Job Placement Training application does not guarantee funding.**

The following items must be submitted to Sun'aq Tribe of Kodiak before an application can be considered complete:

\_\_\_\_ Completed Grant Application

\_\_\_\_ Copy of Birth Certificate

\_\_\_\_ Documentation of Native Ancestry (Certificate of Indian Blood)

\_\_\_\_ Official copy of High School/GED and/or college transcripts

\_\_\_\_ Acceptance letter/Proof of registration for the training institution you are attending

\_\_\_\_ Proof of residency in Kodiak through address, bills, or employment records.

\_\_\_\_ Letter or essay stating your short- and long-term career goals and how this training will help you accomplish them.

\_\_\_\_ Proof of financial need (for schooling including certificate renewals)

\_\_\_\_ Student Aid Report from FAFSA.gov (If training institution is FAFSA Eligible)

\_\_\_\_ Results from other funding sources (other scholarships)

\_\_\_\_ Income information (paystubs, bank statements for applicant's household)

\_\_\_\_ If U.S. Military Service Veteran, official copy of DD-214

\_\_\_\_ Selective Service Registration Acknowledgement Letter (men 18-25 only)

\_\_\_\_ Clear, current photo of applicant. This photo may be used in Sun'aq Tribe publications, included but not limited to: Council Reports, newsletters, annual reports, website, or on the Sun'aq Tribe of Kodiak Facebook page. Photo can be submitted via email or mail, or taken on site for applicants living in the Kodiak area.



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## Job Placement & Training Application

Name: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

Maiden Name or other names used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

Physical Address: \_\_\_\_\_  
Street Address City State Zip

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Address while at school: \_\_\_\_\_  
\_\_\_\_\_

Single\_\_\_\_ Married\_\_\_\_ Number of dependents: \_\_\_\_\_

Employment Status: Employed\_\_ Unemployed\_\_ Not seeking work\_\_ F/T school\_\_

Most recent hourly wage \$\_\_\_\_\_

Marital Status: Single \_\_ Married\_\_ Divorced\_\_ Widowed\_\_

Have you registered for Selective Service? \_\_ Have you ever served in the military?\_\_

Which best describes your level of education?

- Did not complete high school
- Earned GED or Diploma
- Additional training or schooling after high school

Have you received services from Sun'aq Tribe of Kodiak Employment and Training Services before? \_\_\_\_\_

Previous university/college or vocational experience:

School name: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Degree or certification: \_\_\_\_\_

School name: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Degree or certification: \_\_\_\_\_

List current or expired certificates or licenses have earned: \_\_\_\_\_  
\_\_\_\_\_



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Do you have any documented physical or mental disabilities? Please explain. \_\_\_\_\_

\_\_\_\_\_

How will this training directly affect your employability in the Kodiak job market/economy? \_\_\_\_\_

\_\_\_\_\_

Training institution you plan to attend: \_\_\_\_\_

Certificate or program title: \_\_\_\_\_

Financial aid office/school address: \_\_\_\_\_

\_\_\_\_\_

Institution phone number: \_\_\_\_\_

Have you applied for admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Duration of training: \_\_\_\_\_

Expected credential upon completion of training: \_\_\_\_\_

Do you intend to seek employment in the Kodiak area upon completion of your education?

\_\_\_\_\_

## Media Release Form

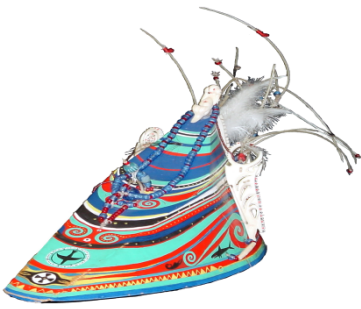
I \_\_\_\_\_, give permission to Sun'aq Tribe of Kodiak to use my image for non-commercial purposes, in video, audio, digital, or print publications. I understand that my image may be used to improve community awareness of the Sun'aq Tribe of Kodiak programs. I also give permission to release such media files to the news media in support of the programs. My photo may be used in Sun'aq Tribe publications, included but not limited to: Council Reports, newsletters, annual reports, website, or on the Sun'aq Tribe of Kodiak Facebook page and affiliated social media pages.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date



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## Work History

Please include the following information about the three most recent jobs you have held.

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job skills: \_\_\_\_\_

Hourly rate: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job skills: \_\_\_\_\_

Hourly rate: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job skills: \_\_\_\_\_

Hourly rate: \_\_\_\_\_ Length of employment: \_\_\_\_\_



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## Financial Need Sheet

Name: \_\_\_\_\_ College: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Period \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the course separated into semesters? \_\_\_\_\_

Will the certificate take more than one year? \_\_\_\_\_

University/College Budget			
Annual costs		Notes	
Tuition			
Books			
Food			
Lodging			
Fees			
Transportation			
Personal			
Other (specify)			
Total Budget			
Student Resources	First term	Second term (if applicable)	Total
Pell Grant			
College Work Study			
SEOG			
SEIG			
Parent/Fam. Contribution			
Student Contribution			
Koniag Education Foundation (KEF)			
Native Corporation Scholarship			
Tribal Assistance			
Other:			
Other:			
Total Resources			

Unmet Need (budget less resources) \$ \_\_\_\_\_



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## Employment & Training Services Programs Participant Code of Conduct

In order to remain eligible for employment and training services, I agree to the following:

- I will treat Sun'aq Tribe of Kodiak staff with respect to ensure personal safety of all. Threats of any kind, discriminatory jokes and language, personal insults, especially those using racist or sexist terms, and unwelcome sexual attention or information will not be tolerated.
- I will complete the Employment & Training Programs application accurately and honestly, and provide all available supporting documentation.
- I will keep the Employment & Training staff informed of changes in address, phone number, financial status or other program-related changes.

Please **initial** the following statements, then sign and date this document.

\_\_\_\_\_ I have reviewed the Sun'aq Tribe Employment & Training programs participant code of conduct.

\_\_\_\_\_ My case worker has answered all questions I have about the code of conduct, though I know I may ask questions at any time while receiving services.

\_\_\_\_\_ I understand that if I fail to comply with the statements above, it will result in review of my case and that the Sun'aq Tribe of Kodiak retains the right to refuse, sanction and/or terminate Employment & Training services due to my non-compliance.

\_\_\_\_\_ I understand that I am to complete the agreed upon credits with a 2.0 grade point average (GPA) each semester that I receive the Liitukut Scholarship. If I fail to maintain a 2.0 GPA, I understand that I may be put on academic probation and could lose funding from Sun'aq Tribe for a period of time.

\_\_\_\_\_ I understand that if I withdraw from a course during a semester, I receive the Liitukut Scholarship, part of my scholarship may need to be returned to the Tribe, and I may be put on academic probation.

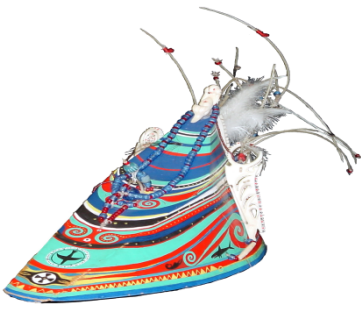
I hereby apply to attend the university/college indicated on this application and agree to follow all rules, regulations and attendance requirements of the school, and to the best of my ability will satisfactorily complete the course(s) which I have selected. I further agree that the funds issued me for education purposes by Sun'aq Tribe of Kodiak will only be utilized to pursue goals related to obtaining my education.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date



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## Release and Exchange of Information

Information requested from: \_\_\_\_\_  
(Sun'aq will complete this portion)

I authorize the release of information requested by the **Sun'aq Tribe of Kodiak**. The requested information shall be used solely in the administration of **Employment & Training** offered by the Sun'aq Tribe of Kodiak and will not be released to any other person or agency outside the Sun'aq Tribe of Kodiak. I hereby authorize the Sun'aq Tribe of Kodiak to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I'm an applicant or recipient of The Sun'aq Tribe of Kodiak Employment & Training Services which may include:

General Assistance, Community Service Block Grant, Liitukut Scholarships, Job Placement and Training, Child Care Assistance, Johnson O'Malley, or other services.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, educational institutions, private individuals and all departments and programs within and administered by the Sun'aq Tribe of Kodiak.

Specific information being requested by Sun'aq Tribe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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