



# Ninilchik Traditional Council

## Tribal Services Department

P.O. Box 39444

Ninilchik, Alaska 99639

Ph: 907 567-3313 / Fx: 907 567-3308

e-mail: [jamie@ninilchiktribe-nsn.gov](mailto:jamie@ninilchiktribe-nsn.gov)

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Dear \_\_\_\_\_,

The Ninilchik Traditional Council (NTC) Tribal Services Department administers the Adult Vocational Training Program (AVT). This program is set up to award limited financial assistance to eligible Alaskan Natives and American Indians who are unemployed or underemployed and need to obtain higher education in order to retain/achieve gainful employment.

Enclosed you will find an application packet. If you need help completing this application, please feel free to give me a call. Once you have completed the AVT application, please send it to me at the address below, or bring it to me at the office. If you have any additional questions or comments regarding this program, please feel free to contact me.

Best wishes,

Jamie Oskolkoff  
NTC Education Manager  
Ninilchik Traditional Council  
P.O. Box 39444  
Ninilchik, AK 99639  
PH (907) 567-3313  
FAX: (907) 567-3308  
[joskolkoff@ninilchiktribe-nsn.gov](mailto:joskolkoff@ninilchiktribe-nsn.gov)

## ADULT VOCATIONAL TRAINING CHECKLIST

The following items are part of a complete Adult Vocational Training Application and must be included in your file in the Ninilchik Traditional Council Tribal Services Department **prior** to your being awarded an Adult Vocational Training Grant Award.

(Awards are dependent upon availability of funds. For more information call the Tribal Services Department).

- NTC Application for Training or Employment Assistance
- Financial Needs Analysis: Part I — Costs/Expenses
- Financial Needs Analysis: Part II Financial Resources
- Adult Vocation Training Justification and Comprehensive Training and Employment Plan
- Copy of Bureau of Indian Affairs Certificate of Indian Blood (BIA CIB)
- Proof of Identification (Driver's License/Birth Certificate)
- Proof of Residency within the NTC Service Area (South of Kasilof River through Homer)
- Three (3) Character References — Ask three people, other than family members, who know you well, to write a letter recommending you for training in the career skill which is your highest priority from the list you entered on item 7 of the Adult Vocational Training Justification and Comprehensive Training and Employment Plan. Be sure that the people who write the letters understand that they are to comment on your personal character in relation to whether or not they believe you have the ability and commitment to complete your course of training. Also, be sure that each person who writes a letter in your behalf has the address to which his/her letter is to be mailed.
- Official copy of school transcript or official copy of GED
- Copy of Letter of Acceptance by Training Institute
- Student Aid Report (SAR) from the College Scholarship Service. This is the official response to the Financial Student Aid (FAFSA) which each applicant must submit to the College Board.
- Parental Consent for Client's under the age of eighteen (18)
- If Client has a family, include: **1** .Copy of Marriage Certificate **2**. Copy of Child/Children's Birth Certificate/s
- If Client is a U.S. Military Services Veteran, include an official copy of her/his DD-214 (Dept. of Defense Discharge Document).

APPLICATION FOR JOB PLACEMENT AND/OR TRAINING ASSISTANCE

**INFORMATION RECORD**

Social Security No. - -

<b>Name ( Last, First, Middle Initial )</b>	<b>Mailing Address:</b>	<b>Date of Birth:</b>
		<b>Telephone No. ( )</b>

<b>Veteran</b> ___ Yes ___ No	<b>Marital Status</b> ___ Widowed ___ Married ___ Single ___ Separated ___ Divorced	<b>Others in Household, non-dependent</b> Explain:	<b>Number of Dependents</b> Dependents Children in School
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<b>In Case of Emergency</b>			
<b>Services Applying for: Request</b> (Circle) ___ Job Placement (JP) Initial Name: ___ Other JT Repeat 1 2 Telephone No.	___ Job Training (JT)	JP Repeat 1 2 3	Address:

**Education:**  
Highest Grade Completed: \_\_\_\_\_ Schools attended and Date(s): \_\_\_\_\_

Type of Training or kind of Job you are interested in:  
Do You have any physical limitations that would interfere with your training or employment? Yes\_\_\_ No  
If yes, please explain  
Training or Job Location Desired:  
For Training:  
Course No. And Title:  
School and Address:  
Do you have income from any source? Yes \_\_\_ No\_\_\_ If yes, please explain

**EMPLOYMENT RECORD:** (List your three most important periods of employment, starting with the most recent.)

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address:  
Job Title: \_\_\_\_\_ Description of Duties:  
Reason for Leaving:

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address:  
Job Title: \_\_\_\_\_ Description of Duties:  
Reason for Leaving:

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer Name and Address:  
Job Title: \_\_\_\_\_ Description of Duties:  
Reason for Leaving:

**TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:**

I hereby apply to attend the school 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, which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U. S. Government. I understand that if I am eligible for other training funds, such as PELL Grant, etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Bureau of Indian Affairs' personnel. \_\_\_\_\_ (Initial)

**PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT:**

This information is being collected to determine the eligibility for Job Placement & Training services. Response to this request is required to obtain financial assistance. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to review instructions, gather and maintain the data needed, and complete the form. In compliance with the Paperwork Reduction Act of 1995, as amended, this collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Office of Regulatory Affairs – Indian Affairs, 1849 C Street, N.W., Mail Stop 3071, Washington, D.C. 20240. Please note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state that prominently at the beginning of your comment. We will honor your request to the extent allowable by law.

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain a benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information by the BIA and school counselors is to evaluate your request and to assist you before and during your Job Placement & Training activities. After completion of Training, or a Job Placement, part or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information, and by those persons involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay (or denial) in receiving the training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

\_\_\_\_\_  
 (Applicant's Signature) (Date) (Interviewer's Signature) (Date)

**FOR AGENCY USE**

I certify that \_\_\_\_\_ Is \_\_\_\_\_ Degree of Indian blood, and a member of the \_\_\_\_\_ Tribe and is/is not eligible for training or job placement services. *Individual is serviced by (Agency) of (Region).*

Recommended by: \_\_\_\_\_ Title \_\_\_\_\_ Approved: \_\_\_\_\_ (Agency Superintendent)

If required, Regional Action taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_ (Regional Director)

**DISPOSITION OF THIS CASE:** Training completed on (date \_\_\_\_\_)

Trainee is currently a permanent employee and has remained employed for at least 90 days YES/NO.

Earnings: \$ \_\_\_\_\_ PRE-Job Placement & Training Service \$ \_\_\_\_\_ POST-Job Placement & Training Service

Upon training completion, Trainee received; \_\_\_ Certificate, \_\_\_ Degree (2yr)

\_\_\_ Trainee dropped out (reason):

# ADULT VOCATIONAL TRAINING

## Financial Needs Analysis: Part 1~ Costs/Expenses

\_\_\_\_\_ In the space provided enter the name of the training institution which has accepted your application. Underline or circle its operating schedule: **quarter**, **trimester**, **semester**, or **other**. List below, by term, the anticipated costs and expenses directly related to training.

- \_\_\_\_\_ Travel (to training location)
- \_\_\_\_\_ Tuition
- \_\_\_\_\_ Books
- \_\_\_\_\_ Lab Fees
- \_\_\_\_\_ Activity Fees
- \_\_\_\_\_ Food
- \_\_\_\_\_ Clothing
- \_\_\_\_\_ Laundry (monthly, if applicable)
- \_\_\_\_\_ Student Housing
- \_\_\_\_\_ Daily Transportation Costs... if any
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ TOTAL

**ADULT VOCATIONAL TRAINING**  
**Financial Needs Analysis: Part 2 ~ Financial Resources**

List all of your financial resources in the spaces provided below.

- \_\_\_\_\_ Cash
- \_\_\_\_\_ Checking
- \_\_\_\_\_ Saving
- \_\_\_\_\_ Parents or Spouse
- \_\_\_\_\_ AFDC (Aid to Families w/Dependent Children)
- \_\_\_\_\_ IRS Fund
- \_\_\_\_\_ Regional Corporation Dividend
- \_\_\_\_\_ Regional Corporation Scholarship
- \_\_\_\_\_ Village Corporation Dividend
- \_\_\_\_\_ Village Corporation Scholarship
- \_\_\_\_\_ Alaska Native Brotherhood Scholarship/
- \_\_\_\_\_ Alaska Native Sisterhood Scholarship
- \_\_\_\_\_ Alaska Permanent Fund Dividend
- \_\_\_\_\_ State of Alaska Loan
- \_\_\_\_\_ Pell Grant
- \_\_\_\_\_ JTPA (Job Training Partnership Act)
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ Other (Specify)
- \_\_\_\_\_ TOTAL

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

**AVT TRAINING JUSTIFICATION AND COMPREHENSIVE TRAINING & EMPLOYMENT PLAN**

1. \_\_\_\_\_  
Applicant's Name: Last, First, M.I.

2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate M/D/Y

3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security #

4. Applicant's Official Residence & Phone No.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has Applicant Received Prior Employ. Assis. Services?  
**YES/NO** If yes, date/s received \_\_\_\_\_  
Name & Address of Office/s which provided service/s  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. To this point in your life, what types of Training have you taken? Include On-The Job Training.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If accepted to participate in the AVT Program, Applicant would like to enroll in training to learn the Following career skills. (List in order of preference)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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8. Complete the following:

A. Upon completion of job training, Applicant expects to earn \$ \_\_\_\_\_ per hour, \$ \_\_\_\_\_ per month, and \$ \_\_\_\_\_ per year. Explain how Applicant confirmed earnings potential: \_\_\_\_\_  
\_\_\_\_\_

B. Upon completion of job training, Applicant would like to live and work in any of the following locations:  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Explain how Applicant confirmed job opportunities that are available in the locations listed above: \_\_\_\_\_  
\_\_\_\_\_

C. Upon completion of job training, Applicant will potentially qualify for employment with the following employers:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_



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## RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize release of any or all information pertaining to my educational progress including: grades, transcripts, and/or scholastic achievements and financial information to:

Ninilchik Traditional Council  
Tribal Services Department  
P. O. Box 39444  
Ninilchik, Alaska 99639

This authorization will remain in effect until revoked in writing by me.

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Applicant's Signature

Date



## EMPLOYMENT ASSISTANCE BUDGET FORECAST

Once completed, this Budget Forecast must be reviewed, signed and returned by the Financial Aid Officer at the Training Institute which you have selected.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last                      First                      Middle                      Maiden

Address \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Street/P.O. Box                      City                      State                      Zip Code

Training Institution: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Street/P.O. Box                      City                      State                      Zip Code

Please indicate for which quarter/semester this Budget Forecast is estimated (Fall, Winter, Spring, Summer).

Expenses Qtr. / Sem. \_\_\_\_\_

Resources Qtr. / Sem. \_\_\_\_\_

Tuition / Fees	State Student Loan
Room / Board	Work Study Program
Books / Supplies	College / University Award
Misc. / Personal	Other Resources (Specify)
<b>TOTAL EXPENSES</b>	<b>TOTAL RESOURCES</b>



**PLEASE RETURN TO:**  
 Ninilchik Traditional Council  
 Tribal Services Department  
 P.O. Box 39444  
 Ninilchik, AK 99639  
 PH 907.567.3313 / Fax 907.567.3308  
 Email: [joskolkoff@nirilchiktribe-nsn.gov](mailto:joskolkoff@nirilchiktribe-nsn.gov)  
 Web Site: [www.nirilchiktribe-nsn.gov](http://www.nirilchiktribe-nsn.gov)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPREHENSIVE TRAINING & EMPLOYMENT PLAN NARRATIVE**

(To be completed by AVT Caseworker with Client Review)

Briefly describe Case and Client Employment Needs:

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Describe approval/justification for client reward:

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Describe Employment Plan after Training:

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\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

ADULT VOCATIONAL TRAINING  
Financial Needs Status

Client Identification:

Name \_\_\_\_\_

S.S.# \_\_\_\_\_

Program Description:

\_\_\_\_\_  
\_\_\_\_\_

Total Costs and Expenses: \$ \_\_\_\_\_

(a) Total Resources/Client: \$ \_\_\_\_\_

(b) Total Unmet Need: \$ \_\_\_\_\_

(c) Total NTC/AVT Pmt: \$ \_\_\_\_\_

(d) Balance Unmet Need: \$ \_\_\_\_\_

Description on covering unmet need remaining balance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Total: \$ \_\_\_\_\_

Total Program Resources Available: \$ \_\_\_\_\_

(Total a,c,e)

Case Reviewer Initial: \_\_\_\_\_

Date \_\_\_\_\_

Include a copy of this page with check approval review backup.



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## **Adult Vocational Training Client Responsibilities**

As a participant in the Ninilchik Traditional Council's Bureau of Indian Affairs Adult Vocational Grant Program, you will have certain responsibilities which you must meet in order to remain eligible in the Program.

1. Apply for financial aid from the school you plan to attend, and any other source for which you may be eligible:  
Veterans benefits, Alaska Student Loan Program, Private and Foundation Scholarships, and personal and/or family contributions.
2. Have a certified copy of your grades or transcript sent to this office at each grading period.
3. When you arrive for training, check with your school's Financial Aid Officer about your grant award.
4. Maintain good standing.
5. Notify this office of any change in your address or plans regarding school.
6. Keep in touch.
7. Notify this office when you graduate/receive your certification.
8. Arrange for suitable housing prior to leaving for school.



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## **YOUR RIGHT TO APPEAL!**

Each applicant for Assistance will receive written notice of any decisions made regarding their application.

Applicants for Assistance have the right to appeal those decisions made in regard to their eligibility for services and/or specific payment amounts. Applicants will have seven (7) working days to file their notice-of-appeal. Applicant's notice-of-appeal should be filed with the Tribal Services Director, at the Ninilchik Traditional Council (NTC) office.

**Informal Review:** The applicant meets to review and discuss the decision that is being appealed. The concerns of the applicant will be given a fair and attentive hearing, and every effort will be made to resolve any problems at the time.

**Formal Review:** If the "Informal Review" does not fully resolve all problem areas, NTC will conduct a formal review in accordance with Bureau of Indian Affairs standards to include.

1. The formal review will be conducted by a person who was not involved in the decision being appealed. The appellant (person making the appeal) will be provided with all records on which the decision being appealed was based, and will have the opportunity to supplement those records with additional information or arguments pertinent to the decision in question.

2. If requested, or at the option of the person conducting the formal review, a formal hearing may be conducted. The appellant will receive reasonable notice to the time and place of the hearing and will have the right to be assisted or represented by a person of his/her choice, including legal counsel, at the appellant's expense.

3. NTC's reviewing official will preside over any hearing, assuring that it is conducted in a businesslike and orderly manner. Each side will be given fair and equitable time to present all pertinent facts and figures. This will include the inclusion of additional documents into the record. Notes will be taken of the substance of the hearing and will be made part of the appeal record and made available to the appellant.

4. Within ten (10) days of referral to the review official or completion of the formal hearing, whichever is later, the review official shall render a decision in writing to appellant. Such notice will include a statement of the appellant's right to a further review by the BIA, West-Central Alaska Field Station Field Representative, if requested in writing within ten (10) days of receipt of the reviewing officials' decision.

5. The appellant must have fully exhausted all Tribal appeal rights before the BIA will consider a review of the Contractor (Ninilchik Traditional Council's) actions.