

AVCP

Association of Village Council Presidents
Education, Employment, Training & Child Care
Pouch 219, Bethel, AK 99559

The Voice of the Region



APPLICATION PACKET FOR PROGRAM SERVICES

Revised: April 2019

AVCP EET&CC programs are available to eligible enrolled members of federally recognized tribes for the following: (Note: Each program has guidelines for eligibility and can be established before or after application process – depending on circumstances)

Higher Education only – you must be an enrolled member of one of the AVCP compact tribes.

Training and other related services – If you reside in Bethel or are an ONC tribal member you must contact the Orutsararmiut Native Council for assistance. If you reside outside the AVCP Region service area you must contact the nearest office of your residence.

DEADLINES:	<i>Higher Education</i>	June 30 and December 30
	<i>Training Programs</i>	Two months prior to start date
	<i>Employment Assistance</i>	At-Least Two weeks prior to 1st full paycheck
	<i>Work Experience</i>	Must be requested by Organizations
	<i>On-the-job Training</i>	Must be requested by Organizations

Fax, Email or Mail your application

AVCP EET&CC Department
P.O. Box 219
Bethel, AK 99559

1-800-478-3157 TOLL FREE
(907) 543-7432 DIRECT
(907) 543-4261 FAX

Call us with any questions about this application or any of our programs.

EET&CC program staff:

Beverly Turner	EET&CC Director	Ext. 7431	bturner@avcp.org
Darline Kiunya	EET Office Manager	Ext. 7432	dkiunya@avcp.org
Steven Aluska	EET 477 Case Manager	Ext. 7433	saluska@avcp.org
Carol Hunter	EET 477 Case Manager	Ext. 7434	chunter2@avcp.org
Aanii Anaver	EET 477 Case Manager	Ext. 7439	aanaver@avcp.org

April 2019

Application Requirements:

- Application - Complete
- Written Statement – Part 4, page 3
- Individual Development Plan- Page 4
- Budget Forecast – Complete only top section, sign / date and submit to your financial aid office
- Copy of Tribal ID card or tribal enrollment verification form
- Military Selective Service – Men ages 18-25 must provide proof of filing

Program Documents:

Higher Education:

Submit the following:

- Acceptance Letter
- High School Transcripts or Diploma / College Transcripts (Unofficial is acceptable)
- Class Schedule / Courses in Progress
- Student Aid Report (SAR) – the FAFSA reply (required)

Training:

Submit the following:

- Acceptance letter
- Income: Copies of last 6 months paycheck stubs. No Income tax forms.
- TABE Test Results if you have taken test
- Student Aid Report (SAR) – The FAFSA reply (Only if applicable)

Employment Assistance

Submit the following:

- Employment Verification Form
- Landlord Verification Form (if seeking rental assistance)

Work Experience or On-the-Job Training

Either of the two programs must be requested by the Organization or Company Lead Representatives in writing

Child Care Assistance

Contact Child Care staff for more information

ADDITIONAL SCHOLARSHIP INFORMATION FOR YUKON-KUSKOKWIM DELTA ORGANIZATIONS

Please contact the appropriate agencies for more information.

Organization	Deadline(s)	Eligibility
AVEC, Inc. 800-478-1818 or 907-561-1818 Fax: 1-800-478-2389 Attn: Member Services Manager	April 15, August 15 Voc Training: 2-3 Months prior to start date. Application available at: www.avec.org	Member of AVEC or residing in household whose head-of-household is an active member
Calista Scholarship Fund 1-800-277-5516 or 907-279-5516 Fax: 907-279-8430 Calista Heritage Foundation Scholarships@calistacorp.com	June 30, December 1 Application available at: www.calistacorp.org	Enrolled member or a descendant of a shareholder
Coastal Villages Region Fund (CVRF) Louis Bunyan Memorial Scholarship 888-795-5151 or 907-278-5151 Fax: 907-278-5150 scholarships@coastalvillages.org	Varies check with CVRF Application available at: www.coastalvillages.org	Resident of a CVRF member community for 5+ years
State of Alaska Department of Labor & Workforce Development 866-683-2941 or 907-335-3060 Kenai Office	No deadline	Program Dependent
United Utilities, Inc. 1(800)478-2020 ext. 5214 Fax: 907-563-3185	April 16 th (may vary) Application available at: www.unicom-alaska.com	Communities served by United Utilities, Inc.
Yukon Delta Fisheries Development Assn. (YDFDA) 977-985-6625 or 907-949-1202	Feb. 14 th – UA Foundation www.uaonline.alaska.edu April 15, July 15, Dec. 15 Vocational Training: 2 months prior to start date www.ydfda.org	Resident of Kotlik, Emmonak, Alakanuk, Nunam Iqua, Mountain Village or Grayling for 5+ years
YK Health Corporation – PA Health Care Professional Scholarship 800-478-3321 ext. 6981 or 907-543-6981 Fax: 1(907)543-6061	11/30/16 -5/26/17 Application available at: www.ykhc.org	Tribal members and descendants; Employees with one year completed service and in good standing
AVCP Tribal Workforce Development 800-478-3521 x7441 or 907-543-7441	Call or more information	18-24 Years Old
Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov	Available October 1	
www.fastweb.com	Possible scholarships after a profile on website	
www.aigcs.org	For Graduate students	

AVCP

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
P.O. BOX 219 • BETHEL, ALASKA 99559 • PHONE 543-3521

THIRTY-SECOND ANNUAL CONVENTION
EMMONAK, ALASKA OCTOBER 8-10, 1996

RESOLUTION 96-10-13

AN ADDENDUM TO RESOLUTION #91-28 ESTABLISHING A POLICY OF SOBER AND RESPONSIBLE REPRESENTATION FOR AREA VILLAGES

WHEREAS: The Association of Village Council Presidents, Inc. (AVCP, Inc.) is the regional non-profit organization representing its 56 member indigenous Native villages within western Alaska and supports the endeavors of its member villages; and

WHEREAS: AVCP, Inc. recognizes the critical effect that alcohol abuse is having on our survival as native people; and

WHEREAS: AVCP, Inc. at its Twenty-Seventh Annual Convention made a declaration of war against alcohol and drugs by adopting Resolution #91-28; and

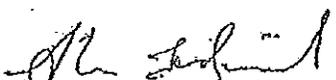
WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride in Sobriety" campaign; and

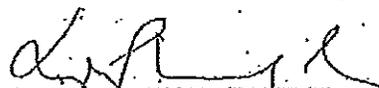
WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

NOW THEREFORE BE IT RESOLVED THAT the delegates of the 32nd Annual Convention have determined to address the issue of reprimanding staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, or educational institutions and who do not fulfill their responsibilities due to the abuse of Alcohol. The following sanctions may be imposed for just cause, which may include but not limited to the following:

1. Full reimbursement of travel and per-diem costs to AVCP, Inc.
2. A letter to be sent to appropriate entities advising them of the circumstances and actions.
3. In the case of a Board Member or staff member abusing alcohol when representing AVCP, Inc. the first violation will result in removal or termination unless the individual enters a substance abuse treatment program, a written reprimand and reimbursement proof of travel expenses. The second violation will result in removal or termination.
4. In the case of individuals who are not employed by AVCP, Inc., but are funded by AVCP, Inc. to attend meetings or conferences, a second violation will result in the individuals being "black listed" from representing AVCP, Inc. until they can exhibit responsible and accountable behavior. For clients, a first violation will result in not funding assistance until proof of substance abuse treatment and one year of sobriety is shown.

ADOPTED by the Association of Village Council Presidents, Inc. meeting in its Thirty-Second Annual Convention in Emmonak, Alaska on October 10, 1996, with a duly constituted quorum of delegates.


Glenn Fredericks, Chairman of the Board


Myron Naneng, President

AVCP

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EET PROGRAM SERVICES APPLICATION

PART 1. PERSONAL INFORMATION

Name:		SSN:
Mailing Address:		
Physical Address:		
City/State:		Zip:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Phone No:		Email:

How long at this residence? _____ Years _____ Months

Are you enrolled to a Federally Recognized Tribe? Yes No

If yes, which Tribe: _____ Enrollment #: _____

Are you currently employed? Yes No If yes, are you full-time? Yes No

Are you a Veteran? Yes No

Males age 18 to 25, your Selective Service Number: _____

PART 2. FAMILY/HOUSEHOLD INFORMATION

List only your immediate Family Members (Do not list other family if in multiple family home)

Name	Relationship	DOB	Age	6 months Income

Emergency Contact Information

List person(s) to contact in case of an emergency:

Name	Address	Telephone No.	Relationship

Family Income Information: Submit copies of your past 6 months income (**except if you are applying for Higher Education**). The common types of income are:

- *Gross wages/salaries *Net self-employment income *Commercial fishing income
- *Regular insurance payments *Dividends, interest, net rental income *Gambling/lottery winnings
- *Regular pension/retirement *Alimony/spousal support *Disability insurance payments
- *Worker’s Compensation Benefits *Educational assistance (not needs-based) *Training Stipends

Do you receive? TANF Food Stamps/Public Assistance General Assistance

PART 3. EDUCATION/TRAINING HISTORY

Previous Education/Training Information

Did you graduate from high school or receive your GED? Yes No Still attending

High school: _____ Year Graduated: _____

Did AVCP fund you for any previous training or education? Yes No If yes, list below:

Name of School	Attendance Dates (From-To)	Certificate/License/Degree Earned

Current Education/Training Information

Name of College or Training Facility (and address) I plan to attend:

Admission Status: Applied Accepted

Start Date: _____ Expected Graduation Date: _____

Training Program / College Major: _____

Certificate or Degree: Certification AA AAS BA/BS Graduate / Doctorate

Current College Class Standing:	Enrollment Status:
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate / Doctorate	<input type="checkbox"/> Full-time (12 or more credits) <input type="checkbox"/> Part-time (6 to 11 credits) <input type="checkbox"/> (below 6 credits)

Other Funding Sources You Have Applied To: MUST apply for other funding sources

Did you apply for the FAFSA? Yes No In the process

If applicable, the FAFSA application is on-line at www.fafsa.gov

List any and all additional funding sources you've applied to AND the amount awarded if known:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

PART 5. EMPLOYMENT HISTORY

Name of Current or last Employer: _____

Job Title: _____ Hourly Wage: _____

Address: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

Name of Last Employer: _____

Job Title: _____ Hourly Wage: _____

Address: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

INDIVIDUAL DEVELOPMENT PLAN

CAREER GOALS / MOTIVATIONS	
What is my employment or career goal? What can I do to make this come true?	
TALENTS OR STRENGTHS (3-5)	DEVELOPMENT OPPORTUNITIES (1-2)
What are my talents & strengths?	What knowledge or skills do I need to learn?

FOCUSED IDP OBJECTIVES AND ACTION STEPS
What development goals do I have for the next 12 months? The next 3 to 5 years? What can I do to achieve this or these goals?

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize any person, agency or institution to release any and all information requested by the Association of Village Council Presidents Education, Employment, Training & Child Care (EET&CC) Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies' records, concerning me and to allow inspection and reproduction of records in their possession pertaining to me by any duly authorized representative of EET&CC. The EET&CC Department is also authorized to share information needed for financial consideration with other funding agencies and organizations on my behalf (e.g. State DOL/WIA, joint application with AVCP).

Listed below is information I do not wish to be shared with or by the EET&CC Department:

This authorization shall continue to be in effect for three (3) years from date signed. I acknowledge that if I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, I am required to sign and submit a new ROI form.

Signature

Date

Mailing Address (City/State/Zip Code)

Contact Phone Number

ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY

I, the undersigned, have the authority to hereby grant AVCP the right and permission to use, at AVCP's discretion, photographs and images of me, as well as my biographical information disclosed to AVCP by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is not limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold AVCP and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

PRINT NAME

SIGNATURE

DATE

PRINT NAME PARENT / LEGAL GUARDIAN if under 18

SIGNATURE

DATE

AGREEMENT

APPLICATION

I certify that all information and documentation in this application is true and correct.

I understand this application does not commit AVCP to award a scholarship or services requested. Any and all decisions made by AVCP are final.

I understand **LATE and INCOMPLETE** applications may not be reviewed, additional materials will be discarded, and submitted materials become the sole property of AVCP and cannot be returned.

SCHOLARSHIP

If awarded the scholarship, I agree it will be used to further my education program or specifically used as determined and approved by EET&CC staff.

I agree that if for any reason the scholarship is not used for my educational program which may include, but are not limited to, withdrawing from school, incompletion of courses, and/or change in academic status;

- I must return any scholarship is not used toward the school's budget forecast list
- Each situation will be reviewed on a case by case bases.

I agree that I will maintain and satisfactorily complete a full-time, part-time or less than part-time status for the entire semester/quarter that I have received the scholarship.

I agree to complete with at least a 2.0 or higher GPA for the entire semester/quarter.

I agree to submit unofficial transcripts or progress reports when due.

I agree I must immediately notify AVCP of any changes to my status.

FUNDING

If awarded funding for any other services other than what is listed above the funds shall be used in accordance to the agreed upon terms as described in our policy and procedures for specific programs offered.

I have read and understand the "Agreement" and if approved, agree to abide by the terms and conditions of the scholarship or funding.

PRINT NAME

SIGNATURE

DATE

PRINT NAME PARENT / GUARDIAN if under 18

SIGNATURE

DATE

**Association of Village Council Presidents
Education, Employment, Training & Child Care Department**

P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7432 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only



BUDGET FORECAST AUTHORIZATION FORM

Name: _____ SSN: _____/_____/_____ Stud. ID#: _____

Mailing Address: _____

City, State, Zip: _____

College/University: _____ Rank: Freshman Sophomore Junior Senior Graduate

I authorize/consent the release of any information needed by the AVCP EET & CC Department to determine my eligibility for assistance.

Signature of Student _____

Date _____

Note: This authorization/consent shall remain in effect during the student's consecutive and continued attendance at the College/University listed above to obtain current unmet needs and any other awards when requested by AVCP EET&CC Staff until student graduates.

For Financial Aid Office Use Only *FAO may use own budget forecast form if available; otherwise please use this form.

School Budget:

Financial Aid Staff Name: _____

TUITION \$ _____
FEES \$ _____
BOOKS \$ _____
SUPPLIES \$ _____
ROOM \$ _____
BOARD \$ _____
TRANSPORT. \$ _____
Personal/MISC. \$ _____
TOTAL BUDGET \$ _____

Staff Signature: _____ Date: _____

Phone #: (_____) _____ Fax #: (_____) _____

AVCP Scholarship should be mailed to: _____

Student is currently:

- Full-time Part-time
 On Campus Off Campus Distance Delivery Attending Technical Training Program

STUDENT RESOURCES AND INSTITUTION AWARDS:

Type of Aid:	Fall 20____	Winter 20____	Spring 20____	Summer 20__	Total Resources
AVCP EET&CC					
Calista Corporation					
College/University Loan					
Coastal Villages Region Fund (CVRF)					
Yukon Delta Fish. Develop.Assn. (YDFDA)					
Federal Family Education Loan/Direct Loan					
Federal Pell Grant					
Federal Supplemental Education Opportunity Grant					
Federal Work Study					
Parent/Student Contribution					
Student/Spouse Contribution					
UA Scholar					
United Utilities Inc. (UII)					
YKHC					
SOA/Workforce Development:					
Tribal Education Housing Grant					
Other:					
	Total Funding Amount				
	Unmet Needs				