



**Alaska Workforce Investment Board (AWIB)
Participant State Grant Application
STATE OF ALASKA**

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

(For Grantee Office Use Only)

Which grant program is the participant enrolling in? (Select all that apply)

- Alaska Construction Academies (ACA) State Training Employment Program (STEP)
 Technical Vocational Education Program (TVEP) Alaska Workforce Infusion Grant (AWIG)

Please PRINT clearly and sign where indicated.

Participant Information

| | | | |
|--|---|--|------------|
| Application Date: | | Enrollment Date: | |
| Do you have a MyAlaska Account? <input type="checkbox"/> Yes <input type="checkbox"/> No | | MyAlaska Username (To access AlaskaJobs only): | |
| First Name: | | Middle Initial: | Last Name: |
| Social Security #: | Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to answer | |
| Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident Alien <input type="checkbox"/> Refugee/Parolee <input type="checkbox"/> None of these <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other | | If you experience a disability, are you able to perform the essential functions of this job or training program with or without reasonable accommodation? <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Yes, I can perform the essential functions <input type="checkbox"/> No, I cannot perform the essential functions | |
| Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer | | Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer | |
| Email Address: | | | |
| Phone Number: | Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone | How do you prefer to receive notifications? <input type="checkbox"/> Text Message <input type="checkbox"/> Email | |
| Alternate Phone Number: | Phone Type: <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone <input type="checkbox"/> Amplified Phone | Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|------------------------|-------|----------|
| Physical Address: | | City: | State: |
| Zip: | County/Borough/Parish: | | Country: |
| Mailing Address (if different from physical address): | | City: | State: |
| Zip: | County/Borough/Parish: | | Country: |

Military Affiliation

| | |
|--|---|
| Are you currently in the U.S. Military or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you the spouse of a member of the armed forces who is on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?

OR

A spouse of a service member on active duty who died or has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?

Yes No

Education Information

Your Highest Education Level Achieved:

No School grades Completed ____ Grade (Write in the grade you completed from 1-12 in the space provided)
 High School Equivalency Diploma High School Diploma Some College College Graduate

Are you attending school?

Yes, High School Yes, Middle School Yes, College or Technical/Vocational School No

Eligibility Assessment (*STEP Applicant Only*)

Approval for STEP services is contingent upon eligibility.

| | |
|---|---|
| Needs the training to remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Are you an Alaska Resident who has resided in the state for the past 30 days and plans to remain in the state indefinitely?
 Yes No

Have you worked in a position that contributed to Unemployment Insurance (U.I.) in Alaska or another state with similar provisions sometime in the last five years?
 Yes No

Eligibility Criteria:

- Unemployed and receiving Unemployment Insurance (UI) benefits
- Unemployed but not receiving Unemployment Insurance (UI) benefits
- Employed but likely to be displaced because of the reduction in overall employment within the business
- Employed but likely to be displaced because of the elimination of your current job
- Employed but likely to be displaced because of a change requiring that to remain employed, they must learn substantially different skills
- In need of training to improve the prospect of obtaining or retaining employment

Applicant Certification and Release of Information – Please write your initials next to each statement.

My signature below affirms the certifications, media release, and release of information listed below:

- ✓ I certify to the best of my knowledge that the information in this application is accurate, true, verifiable, and subject to verification.
- ✓ I understand that the answers I have provided in this application are considered self-attestation, and I may be asked to provide proof to support my answers.
- ✓ I understand that falsification of information to receive grant benefits may be grounds for removal from the program, and/or I may have to repay benefits received.
- ✓ I certify that I am an Alaska resident, and I intend to stay in Alaska and make it my home.
- ✓ I certify that I have reviewed a copy of the Program Complaints and Appeals Policy, which describes the complaint and appeals process with regard to program complaints and discrimination complaints.
- ✓ I certify that I have reviewed a copy of the Program and Equal Opportunity Discrimination Complaint Information document and have read and understand the contents of this document.
- ✓ I agree to the use of the personally identifiable data collected on this form, including my Social Security number, for use by the Alaska Department of Labor to measure the performance and outcomes of the activities conducted under the **AWIB**.
- ✓ I understand that the funds I am applying to receive are for training or support services from the **STEP** program, which is funded from a percentage of employee payroll tax contributions to Unemployment Insurance. I agree to complete a survey or other inquiry regarding the training or services received from the **STEP** program and my employment outcome after receiving the services or training. **(STEP Applicant Only)**

I, DO DO NOT , grant the State of Alaska and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations, any of which may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. This release is unconditional. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with using these images and/or commentaries.

Applicant Signature: _____

Date: _____

Parent or Guardian Signature: _____
(If the applicant is under age 18)

Date: _____

Grantee Staff Signature: _____

Date: _____