



Inupiat Community of the Arctic Slope
an IRA Regional Tribal Government
PO Box 934 Barrow, Alaska 99723
Phone: (907) 852-4227 | 1 (888) 788-4227
Fax: (907) 852-4246

Dear Job Placement and Training Act ((JPTA) Applicant:

In order to determine your eligibility for JPTA you must be Alaska Native or American Indian or have a Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian affairs. You must live within Naqsrarmiut Tribal (Anaktuvuk Pass) and or Native Village of Point Lay (ICAS services these two villages) service area. And submit a completed JPTA application which includes the following:

- ☐ Completed JPTA Application with all questions/sections answered or filled out properly. If a question of section does not apply to you, write "Not Applicable or N/A". Applications not filled out properly or entirely will not be processed
- ☐ Proof of Tribal Enrollment or CDIB for all countable household members
- ☐ Proof of enrollment in training that will into employment.
- ☐ Proof of applying for Free Application for Federal Student Aid (FAFSA)
- ☐ Proof of ALL INCOME which must also include items listed in Section 3 .
- ☐ Provide copies of your most recent statements (bills) and receipts showing payments made for all shelter and utility costs that apply to your household. Shelter/Utility bills must be in applicant/spouse's name
- ☐ Other Documentation needed to determine eligibility or exemption from JPTA requirements (i.e. medical, disability, social security status, etc.)

If you have any questions or concerns, please feel free to contact me at the phone and address above.

Sincerely,

ICAS Job Placement and Training Act worker

INUPIAT COMMUNITY of the ARCTIC SLOPE
an IRA Regional Tribal Government

P.O Box 934 • Barrow, Alaska 99723
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ICAS JPTA Scholarship Application

Important: Print clearly and complete every section. Incomplete applications will not be processed.

Deadlines:	Application process should be 1 month prior to attending vocational institution. Funding limits are twenty four (24) months for any vocational trade with the exception of nursing which will be given thirty – six (36) months of financial assistance if needed.
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Section 1: Personal Data

Name:	SS#:	
Maiden Name or Other Names Used:	Date of Birth: / /	
Mailing Address:		
P.O. Box or Street Address	City State Zip	
Physical Address:		
Street Address	City State Zip	
Home Phone#:	Message Phone#:	Emergency Contact#:
Email:	Tribe of enrollment:	Corporation of Enrollment:

Section 2: Training

Are you a current student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had previous training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training desired:	
Training Location Desired	Do you have any physical limitation that would interfere with your training? If yes, Please explain.		
Course Number	Title	Name of Institution	
Institution Address	Institution City	Institution State	Institution Zip Code
Date School Begins	Length of school	Beginning date	Ending Date
Have you addressed the following needs while in school:			
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you plan to pay these, explain how: _____			

Please give a brief summary of you educational/training plans: _____

Do you have employment after training is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will employment begin:
Name of employer	Employment location:
If you are unable to attend school, would you consider On-the-Job-training or Work Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: Financial Information

RESOURCES	AMOUNT	Expenses	AMOUNT
Income	\$	Ren/House Payment	\$
ATAP –TANF-ASAP	\$	Utilities	\$
Food Stamps	\$	Transportation	\$
Unemployment	\$	Clothing	\$
Social Security	\$	Tools	\$
Disability Insurance	\$	Childcare	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$
Additional comments you would like us to know regarding your budget:			

Section 4: Other Financial Resource Disclosure

Are you eligible to receive a scholarship from any other ANCSA Regional or Village Corporation (or related subsidiary) outside of the Arctic Slope Region? (Examples: Doyon, NANA, CIRI, etc.) :

☐Yes ☐No please specify:_____

Section 5: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver

Read carefully and **initial** each section.

Required I hereby attest that **all** the information I have provided to ICAS is **true, correct and complete**.

Required I understand that if I, for any reason, do not attend the school as stated the **full scholarship is to be returned**.

Required I understand that **immediately upon completion of each semester/quarter/term** I shall submit a **copy of my grades to ICAS** to verify completion of the courses of study for the semester during which the award was used and to assess continued eligibility for future scholarships.

Required I hereby attest that the **courses** I take are **geared toward a degree, certification or endorsement** suitable for obtaining employment in my chosen field.

Required I certify that I am **NOT** a spouse, ancestor, lineal descendant (by blood or adoption), or the spouse of a lineal descendant of any member of the Inupiat Community of the Arctic Slope Board of Directors.

Required I hereby authorize the **release of any of the information contained within this application** as necessary to assist me in obtaining additional financial assistance and/or job placement.

Signature

Date

Completed application and required attachments must be received by the deadline date to be considered for the term. Late applications will not be considered. Mail or fax completed application and all required paperwork to:

Inupiat Community of the Arctic Slope, P.O. Box 934, Barrow, AK 99723 Fax: 907.852.2449

If you have any questions, feel free to email ICAS Social Services Director: social@inupiatgov.com

Inupiat Community of the Arctic Slope is an IRA Regional Tribal Government and is bound by BIA's Funding Guidelines.

DROP OR WITHDRAWAL Form

I also understand that If do not return these funds I will not be awarded Job Placement Training Act funds until all past due funds are returned to Inupiat Community of the Arctic Slope.

DROP OR WITHDRAWAL

1. All awarded funds will need to be reimbursed back to the Inupiat Community of the Arctic Slope if a student decides to drop out of courses and does not complete the semester.
2. If Student fails to have funds reimbursed to Inupiat Community of the Arctic Slope student will not be awarded for future funds.
3. Inupiat Community of the Arctic Slope will be billing the student.

Signature of Student

Date

Signature of Social Service Staff or Director

Date

By signing this document, I certify that I fully understand that if in the event that I do not complete the semester by dropping out or withdraw, that I must return the awarded amount back to Inupiat Community of the Arctic Slope, furthermore, I understand that this can affect my future financial assistance requests for financial aid scholarship.