



# SHORT-TERM TRAINING GRANT PROCEDURE

For AEF purposes, short-term training is defined as training of four (4) months or less that is needed to obtain a certificate or license required to take on a job or to support development within a current position. This program is designed to assist eligible, unemployed applicants seeking employment or those who are currently employed.

Applicants must meet eligibility requirements to receive funding, supply all required documents, and cannot receive funding from short-term training concurrently with AEF scholarships. The yearly limit for short-term training is \$4,500.

## Eligibility

**Basic eligibility requirements are the same as regular AEF scholarships as follows [taken from the Arctic Education Foundation's Operating Procedures]:**

### I. Applicant/Award Recipient Eligibility Requirements

#### A. An AEF applicant and award recipient must be either:

1. A Northern Alaskan Iñupiaq Native of at least ¼ blood quantum, currently residing in the Arctic Slope Region; or
2. A direct lineal descendant of an original Class A, B or E Shareholder of the Arctic Slope Regional Corporation ("ASRC"), without regard to:
  - (a) Where such descendent currently resides within the United States;
  - (b) Native blood quantum; or
  - (c) Whether such applicant is a shareholder of ASRC in his or her own right

#### B. An AEF applicant and award recipient must be:

1. Both a United States citizen AND a United States resident.
2. A high school graduate or hold an equivalent general educational degree.
3. At least 17 years of age, or 16 and legally emancipated.

### Additional eligibility requirements applicable to AEF's short-term training program:

#### 1. If the applicant is unemployed:

- (a) Applicant must have a bona fide job offer.
- (b) If there is no bona fide job offer, the training must be required for the applicant to become job ready.

#### 2. If the applicant is employed:

- (a) Documentation from the employer must be provided if (1) applicant is in danger of losing his/her job or (2) the applicant will gain additional skills to enhance their job performance.

#### 3. Applicant must provide information on:

- (a) The purpose of training;
- (b) The entity providing the training;
- (c) The date and times of the proposed training;
- (d) The cost of the training;
- (e) One letter of recommendation.



# Short-Term Training Application

## APPLICANT INFORMATION

First name \_\_\_\_\_ Last \_\_\_\_\_ Today's date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Social security number \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Are you an ASRC shareholder? Yes No High School/GED graduate? Yes Year: \_\_\_\_\_ No

## EMPLOYMENT

Are you currently employed? Yes No Length of employment: \_\_\_\_\_ Full-time Temp

Current employer \_\_\_\_\_

If employed, please submit documentation from the employer that provides (1) applicant is in danger of losing his/her job without this training or (2) the applicant will gain additional skills to enhance their job performance.

If you are not currently employed, do you have a firm job offer? Yes Company name: \_\_\_\_\_ No

If you are not currently employed, will this training help you to become job ready? Yes No

## TRAINING INFORMATION

Name of institution \_\_\_\_\_ Fee/Cost \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Purpose of training \_\_\_\_\_

\_\_\_\_\_ Dates of training \_\_\_\_\_

\_\_\_\_\_ \* Include informational brochure or letter describing training.

I authorize the training institution to provide verification of completion of training to Arctic Education Foundation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submit Completed Short Term Training Form To:

Arctic Education Foundation  
P.O. Box 129  
Utqiagvik, AK 99723

Email: arcticed@asrc.com  
Phone: 907-852-8633  
Fax: 907-339-7471

To Be Completed by ASRC Shareholder and Community Programs Department Only	
Approved	I recommend that the above named ASRC shareholder be approved to the short-term training outlined above to allow him/her to become job-ready or enhance their job performance.
Disapproved	Reason: _____
Name _____	Title _____ Date _____
Comments _____	
Signature _____	