



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.

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 _____