

State Training & Education Program (STEP)

UAS Ketchikan SPRING SEMESTER 2023

The University of Alaska Southeast Ketchikan Campus has received a grant from the State of Alaska Department of Labor and Workforce Development to support industrial skills training for Alaska's workforce during 2022-2023. The State Training & Employment Program (STEP) is a grant program for eligible individuals to improve their skills or learn new skills in order to increase their employability.

Qualified STEP Grant Applicants Must:

- Be an Alaskan resident
- Have worked in a job that contributed to Unemployment Insurance in the last 5 years
- Be seeking training for one of the following reasons:
 - Reductions in overall employment within a business (verifiable workforce downsizing)
 - Elimination of your current job
 - A change in condition of employment requiring that, to remain employed, the employee must learn substantially different skills or obtain or upgrade credentials, licenses or certifications that they do not now possess.

STEP Grant Application Instructions:

- Complete the State Training and Employment Program (STEP) Participant Application.
- Review eligible courses and complete Course Selection(s) section below.
- Submit this sheet and your completed STEP Participant Application prior to the start of the course(s) for which you are requesting funding.
- Complete UAS Course Registration Form.
- Provide a copy of your Alaska ID.
- Notification of application results will be made asap following review of completed applications.

Courses eligible (when offered) for Spring 2023 STEP Grant funding include:

- **Maritime and Multi-Skilled Worker/QMED**
- **Marine Transportation (MTR)**
(We offer many different MTR courses each semester)
- **Welding**(Beginning, Intermediate, or Advanced)

Applicant Name: _____ Student ID _____

Course Selection(s)

Submit this page and completed State Training and Employment Program Participant Application to:

University of Alaska Southeast

2600 7th Ave Ketchikan, AK 99901

Phone: 907-228-4511 FAX: 907-225-3624 ketch.info@alaska.edu

Some or all tuition and fees for STEP-eligible courses may be covered for approved STEP grant recipients. Funds are limited and will be awarded on a first-come basis to approved eligible applicants only.



State Training and Employment Program (STEP) Participant Application

STATE OF ALASKA

Equal Opportunity Employer/Program

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

Please PRINT clearly and sign where indicated.

Participant Information			
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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

Eligibility Assessment

Approval for STEP services is contingent upon eligibility.

Enrollment Date:

Needs the training to remain a self-sufficient wage earner?

Yes No

Are you Employed?

Yes 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.

- ✓ ____ I certify to the best of my knowledge 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 **STEP** grant.
- ✓ ____ 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.
- ✓

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 the use of these images and/or commentaries.

Applicant Signature: _____

Date: _____

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

Date: _____