

State Training & Education Program (STEP)

UAS Ketchikan Application



Program Background

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.

The State Training & Employment Program is funded by a set-aside from the Unemployment Insurance Trust Fund and made possible by the Alaska Department of Labor and Workforce Development, Alaska Workforce Investment Board (AWIB).

The University of Alaska Southeast Ketchikan Campus has received the STEP grant for the FY 24 Grant Year (*July 1, 2023 – June 30, 2024*) to help support participants with tuition and fees during their training.

Eligibility Criteria

- 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.

Training Opportunities

Courses eligible include for credit Marine Transportation, Welding, and Maritime and Multi-Skilled Worker/QMED courses:

- | | |
|-----------------------------------|-----------------------------|
| *Basic Training | *Tow Apprentice Upgrade |
| *Proficiency/Survival Craft | *Advanced Fire Fighting |
| *Able Seaman | *Crisis Mgmt/Human Behavior |
| *Rating/Naval Watch (RFPNW) | *Radar Observer |
| *Fast Rescue Boat | *Basic Welding |
| *Master 100 Ton & 200 Ton Upgrade | *Intermediate Welding |
| *Advanced Welding | *Vessel Security Training |
| *Outboard Motor Maintenance | *MMSW/QMED |

**And other Maritime and Power Technology courses as they become available. **

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.

Each approved recipient is eligible for up to a maximum of \$10,000 for tuition and fees per grant year for approved courses, while funds last.

Notices to applicants will be delivered via email. Please feel free to email mlmuench@alaska.edu or call (907) 228-4558 with questions.

State Training & Education Program (STEP)

UAS Ketchikan Application



Application Instructions:

1. Complete UAS Course Registration. You must be registered in eligible course(s) before receiving STEP funding.
2. Complete the UAS Ketchikan STEP Application (page ii) and the State of Alaska STEP Participant Application (pages 1-3).
Note: If you are a new FY 24 STEP applicant (July 1, 2023 – June 30, 2024) complete this entire packet. If you are a current FY 24 awardee and are requesting funding for additional courses only complete UAS Ketchikan STEP Application (this page) as we have your State of Alaska application on file.
3. Provide a copy of your Alaska ID (Alaska Drivers License, Alaska State ID, or Military DD-214 ID) as proof of residency.
4. Return completed application to UAS Ketchikan by:

Mail/Drop off: 2600 7th Ave. **Email:** mlmuench@alaska.edu **Fax:** (907) 225-3624

Printed Name (First, Last): _____ **Student ID:** _____

Phone Number: (____) ____-____ **Email:** _____

1. What course(s) are you requesting funding for?

Course(s) Information	Official Use

2. What costs do you want covered?

- Tuition and Fees
 Fees only, I have other funding sources as such scholarships or tuition waivers to cover tuition.

3. I have attached a copy of my Alaska ID to the completed application.

- Yes
 No, I have already submitted a completed application and my current ID is on file.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Date Received: _____ Completed Application Received: _____

Meets eligibility requirements? Yes No Current Amount Requested: \$ _____

Award Amount Received FY24: \$ _____ Current Amount Approved: \$ _____

Approved By: _____ Date: _____



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?

Yes No

Are you the spouse of a member of the armed forces who is on active duty?

Yes 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?

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.

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: _____