



REGISTRATION FORM

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

SEMESTER: Fall Spring Summer YEAR: 20 ____ Dual Credit students use **Dual Credit Registration Form**

SEEKING: Degree or Certificate Non-Degree Dual Credit — High School: _____

STUDENT NAME: _____
Last First Middle

SSN (Req'd): _____ **DATE OF BIRTH:** _____ **GENDER:** Male Female Other

EMAIL: _____ **PHONE:** _____

MAILING ADDRESS: _____
Street/PO Box City State Zip

ETHNIC ORIGIN: Alaska Native African American American Indian Asian
 Caucasian Native Hawaiian Hispanic Pacific Islander Other _____

ALASKA RESIDENT (1 yr)? Yes No U.S. CITIZEN? Yes No

U.S. PERMANENT RESIDENT? Yes No Nation of citizenship if not a U.S. Citizen: _____

ACTIVE MILITARY? Yes No MILITARY VETERAN? Yes No

ARE YOU THE FIRST GENERATION OF YOUR FAMILY TO ATTEND COLLEGE?: Yes No

CHECK ANY THAT APPLY: Please submit a completed tuition waiver form.
 Corporation/Tribe NSBSD Employee NSB Resident Elder (62+) Ilisaġvik Employee

HOW DID YOU HEAR ABOUT US: Email Social Media KBRW Radio Ads Flyers Recruiter Website
 Other: _____

BILLING: Please check below if you are not responsible for the bill.
 Financial Aid Employer-Funded - Company: _____ Grant-Funded #: _____
 Ilisaġvik College Other Contact: _____ Phone/email: _____

Dept.	Course #	Sec #	Course Title	Time & Place	Credits	Audit	Instructor

TOTAL CREDITS: _____

Initial here: _____ I acknowledge that I am fully responsible for costs not covered by Financial Aid, employers, grants, or scholarships.

Tuition: \$ _____ Tuition = \$205/credit hour
 Registration Fee: \$ _____
 Student Support Fee: \$ _____
 Course, Lab, & Material Fee: \$ _____
 Other: \$ _____
Total Tuition & Fees: \$ _____

STUDENT SIGNATURE (Required): _____ **DATE:** _____

ADVISOR SIGNATURE (Required): _____ **DATE:** _____

REGISTRATION SIGNATURE: _____ **DATE:** _____

RELEASE INFORMATION: The Family Educational Rights and Privacy Act (FERPA) protects a student's right to privacy by limiting information that can be released to the public to what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can NEVER include: student identification number, race, social security number, ethnicity, nationality, gender. Directory Information can be released to the public without permission from the student. Directory Information at Ilisaġvik College includes: student name, local address, permanent address, email address, photos, telephone numbers, names and dates of previous high schools and colleges attended, classification (freshman, sophomore, etc.), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. Photos may be used for promotional or reporting purposes. If you DO NOT want this information released, see the Registration Office for the Opt Out Form. By signing above, I authorize Ilisaġvik College to use my name and image in marketing material.



SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

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Ilisagvik College is an accredited institution and one of 37 Tribal Colleges nationwide. As a federally recognized Tribal College, the college receives some of its funding from the federal government and must provide proof that a certain percentage of the student body is Native American or Alaska Native. Your information serves to verify that the college meets that criterion.

By completing the items below, I hereby authorize the indicated corporation or tribe to provide Ilisagvik College with a verification of my enrollment as a shareholder or member.

- | | |
|--|--|
| <input type="checkbox"/> Ahtna, Inc. | <input type="checkbox"/> Aleut Corporation |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Bering Straits Native Corporation |
| <input type="checkbox"/> Bristol Bay Native Corporation | <input type="checkbox"/> Calista Corporation |
| <input type="checkbox"/> Chugach Alaska Corporation | <input type="checkbox"/> CIRI |
| <input type="checkbox"/> Doyon, Limited | <input type="checkbox"/> Koniag, Inc. |
| <input type="checkbox"/> NANA Regional Corporation | <input type="checkbox"/> SEALASKA |
| <input type="checkbox"/> Other _____ | |

Tribe: _____

First and Last Name (please print)

Social Security Number

Date of Birth

Phone Number

Email

Signature



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)

- | | |
|--|---|
| <input type="checkbox"/> Alaska Construction Academies (ACA) | <input type="checkbox"/> State Training Employment Program (STEP) |
| <input type="checkbox"/> Technical Vocational Education Program (TVEP) | <input type="checkbox"/> 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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____