



Return completed application to:
BBNC Shareholder Development
Attention: Casey Sifsof
111 W 16th Ave., Suite 400
Anchorage, AK 99501
Email: csifsof@bbnc.net
Fax: 907.265.7803

Short-Term Training Support Application

The Short-Term Training Support program is designed to provide funding for short-term training programs that will enhance employment and advancement opportunities for shareholders, descendants and spouses of shareholders.

All training support services are dependent on availability of funding. BBNC's funding cycle operates on a fiscal year that begins in April and ends in March.

For additional information, please contact Casey Sifsof at (907) 278-3602. If you reside outside of the Anchorage area, please call 1-800-426-3602.

Important Information to Know:

Funding may not be used for courses that have already begun or completed prior to the application being received and approved for an award of a specific program. Awards must be used for the training

Budget for this program is limited. Applications are reviewed on a first come – first served basis and must be complete before funding is approved and processed.

Applications should be submitted 2 weeks in advance prior to the start of the training to allow for adequate processing time.

Application Requirements

1. Applicant must be a BBNC Shareholder, Descendant or Spouse of BBNC shareholder
2. Submit a complete application
 - a. Training requests must provide verification of enrollment from the school/training provider
 - b. Training requests must answer statement of request questions on page 3 of the application
3. Applicant must have a Talent Bank Application on file with BBNC SHD. The Talent Bank Application can be accessed online at www.bbnc.net/caeers

You may send in your application by mail, email or fax. Electronic submissions are strongly encouraged. Please make sure to submit the application and all required attachments for your request.

BBNC Short-Term Training Support Application

Personal Information

Applicant Name: _____
Address: _____
City/State: _____
E-Mail: _____
Cell Phone #: _____
If employed, name of current employer _____
Job Title _____ Date of Hire _____
(Select One) Full Time ___ Part Time ___ On-Call ___

I am a BBNC:

____ Shareholder
____ Descendant
____ Spouse

DOB: ___/___/___

If applicant is a descendant or spouse, please list name of direct BBNC shareholder relative
(direct relative is categorized as parent, grandparent or legal spouse. Children that have been legally adopted do qualify for services)

Are you a Shareholder of another Alaska Native Regional or Village Corporation? If Yes, please check and list name:

____ Shareholder ____ Spouse ____ Descendent

Other Regional or Village Corporation: _____

Are you Tribally enrolled with a federally recognized Tribe? If Yes, please list:

Tribal Enrollment: _____

Applicants will also need to complete Talent Bank Application. Completed? ___ Yes ___ No

* If no, go to www.bbnc.net/careers to complete the Talent Bank Application.

Financial Information

Request For:

Training Fees/Tuition \$ _____
 Transportation \$ _____
 Books/Supplies \$ _____
 Lodging \$ _____
 Other: _____ \$ _____

Other Funding Applied For:

Source _____ \$ _____
Source _____ \$ _____
Source _____ \$ _____

Training Information

School/Company offering the training _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____ Fax _____

Contact Person Email Address _____

Have you applied for admission? ____ Yes ____ No Have you been accepted? ____ Yes ____ No

School/Company website _____ Dates you plan to attend _____

Description of Training _____

Type of certification expected upon completion _____

Statement of Request

Please answer the following information. If more space is needed, please use a blank sheet of paper and submit with your application.

How does this training relate to your employment goals?

What are your employment opportunities after training is completed for job attainment or advancement?

Signature and Release Information

I hereby attest that the information I have provided and which is contained in this application is true, correct and complete.

I understand that this application does not commit the Shareholder Development department to fund or pay any costs incurred in the submission of this application.

I hereby authorize the release of any information or portion of this application by or to Shareholder Development staff as is necessary to assist me in obtaining financial assistance and/or employment referrals. I also authorize the release of information or photo for promotional purposes for the Shareholder Development programs.

I also agree that if I am approved for funding for training and do not attend the training as scheduled without notifying shareholder development staff, I may be ineligible to apply for the Employment Support program for one year. After the probationary period ends, I will be eligible to apply for employment support funding.

I have read and understand the above statements and will abide by the conditions of funding, if approved.

Signature _____ Date _____