

2026 BBEDC VOCATIONAL/TECHNICAL APPLICATION

BBEDC accepts Voc-Tech applications from CDQ residents who are seeking financial assistance for vocational training. BBEDC will prioritize training at Southwest Alaska Vocational Education Center (SAVEC), secondly in-state and as a last resort, out-of-state. Applicants must demonstrate in writing why training outside the region is necessary.

In order to qualify for BBEDC Voc/Tech Program Funding, the training must meet at least one of the following criteria:

1. Fisheries related training directly related to the fisher's operation including industry related skills training or training that could lead to entry into a Bristol Bay commercial fishery as a crew member.
2. Job-readiness training that would provide new or enhance current employment skills for those unemployed with the goal of increasing employability.
3. Employer mandated training required for continued employment (Limited to \$2500 per year).
4. Training or certifications that could lead to a direct employment advancement or pay increase with current primary employer.
5. Continuing education training to maintain certifications that are required for current occupation.
6. Full-time vocational technical education program leading to a nationally recognized certification, license or degree that could lead to direct employment in the vocation.

ELIGIBILITY REQUIREMENTS:

- Complete BBEDC Voc/Tech Funding Application
- BBEDC Affidavit of Residency Form attached or currently on file with BBEDC
 1. Copy of your government issued photo ID (Examples: AK Drivers License/ID card, Military or Tribal ID card)
 2. Additional required documentation as stated on form
- Copy of government issued photo ID, if not including Affidavit of Residency Form
- Relationship Disclosure Form
- Must meet minimum age requirement of training institution
- Provide complete budget information
- Acceptance letter or proof of registration from the school you are applying
- Provide two letters of recommendation
 1. Professional (school or work related)
 2. Personal
- Submit an essay or letter of request that includes:
 1. Your training and employment goals
 2. How your training relates to your goals
 3. Employment opportunities after completion of your training
- Release of Information Form
- Participant Reporting Requirements Form
- Justification letter *if* training is outside of the region
- Justification letter *if* training is not related to primary employment
- Letter from employer *if* training is employer mandated, could lead to a direct advancement or pay increase
- Incomplete program justification letter, *if* applicable

Students who are pursuing degrees/certifications/licenses or training directly related to their primary employment through online delivery, it is a requirement of the Vocational Training Program to use training providers in the order of priority outlined above. Written justification for the use of a particular training provider must be provided for all training outside of the region. An eligibility determination of these applications will be considered by BBEDC program staff on a case-by-case basis

APPLICATIONS MUST BE SIGNED AND COMPLETE NO LESS THAN SEVEN FULL BUSINESS DAYS PRIOR TO THE STARTING DATE OF THE CLASS. LATE APPLICATIONS WILL BE DENIED FUNDING.

PO Box 1464 • Dillingham, AK 99576 • Phone: (907) 842-4370 or (800) 478-4370
Fax: (907) 842-4336 or (888) 325-4336 • Website: www.bbcdc.com

2026 BBEDC VOCATIONAL/TECHNICAL APPLICATION

Full Name as it Appears on ID/AKDL: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____

Social Security Number: _____ Email Address: _____

Date of Birth: _____ Alaska Airline Mileage # _____

Employment & Training Goals:

1. What specific job do you have in mind after completion of this training program? _____

2. What specific training program are you enrolled in? _____

School Name: _____ Contact Name/Phone: _____

School Address: _____

Note: If the training facility is located out of the region or is through online delivery, please justify the use of this facility in a separate letter and include school contact information.

3. Training Start Date/Time: _____ Completion Date/Time: _____

4. What certification, license or degree will you have upon completion of this training program? _____

5. What is your primary employment? _____

If more than one is listed, please explain: _____

6. Is this training related to your primary employment? **Yes** **No**

If YES, how is it related? _____

7. Is this training mandated by your employer? **Yes** **No**

8. Have you previously received Employment/Training services from BBEDC? **Yes** **No**

What Year(s): _____

9. What employment opportunities and with which company are there for you upon completion of this training? _____

10. Do you plan to return to utilize your training in the Bristol Bay Region upon completion?

Yes **No**

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Education History

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduation Date:
High School:			From: To:	
Technical/Trade:			From: To:	
College: (list all attended)				
Other Training/Education:				
a. If you previously began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)				

Employment History

Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		Reason for Leaving:

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Budget Information:

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate. This section must be complete. *BBEDC will not make an award if the total training costs are not met.*

Actual Costs:

Student's Contribution

Description	Amount	Description	Amount
Tuition	\$ _____	Savings / Employment	\$ _____
Books/Fees	\$ _____	BBNA	\$ _____
Airfare	\$ _____	BBNC	\$ _____
Room	\$ _____	Permanent Fund Dividend	\$ _____
Meals	\$ _____	State (DOL)	\$ _____
Miscellaneous	\$ _____	Student Loan	\$ _____
<i>(Rental Cars Are Not Covered)</i>		Other sources _____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

AMOUNT REQUESTED FROM BBEDC \$ _____ Not to exceed \$5,000

Why did you apply for this program and how will it assist you? _____

How did you learn about this program? _____

Liaison Website BBEDC Program Other Describe Other
Staff Directory

Applicant's Signature _____

Date _____

By signing this application, I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicant's request for funding by BBEDC.

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Authorization for Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational Agencies' records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EDUCATION, EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

This information is to be used for the verification of the eligibility of _____
(Applicant's Name)

This authority shall continue in effect until this student is no longer enrolled in BBEDC's Education, Employment and Training Program.

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, how long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Education, Employment & Training Program.

I authorize you to furnish the Bristol Bay Economic Development Corporation with any and all information that you have concerning my work/employment records and me. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position and/or training I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected the Bristol Bay Economic Development Corporation hiring practices, including myself.

I understand my rights under Title 5, United States Code, Section 552a, and the Privacy Act of 1974. I hereby waive those rights with the understanding that the information furnished will be used by the Bristol Bay Economic Development Corporation and retained by them in confidence.

I hereby release you, and your organization from any liability of damages that may result from furnishing the information requested.

Applicant's Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

Participant Reporting Requirements

Applicants Name: _____

Please **initial** the boxes below to acknowledge the reporting requirements for the Vocational Technical Training Program:

- If training is a multi-year program and an applicant receives a scholarship but fails to meet the minimum credit load or GPA requirements, the student shall be placed on probation for one or two academic terms. Students may still be granted a scholarship during a probationary period. If the student does not meet the requirements set during their probationary period, the student will not be eligible for any future awards until they successfully complete one term on their own.
- Following the completion of a training program, the participant must provide a copy of their degree/certification/license or other documentation to show they have successfully completed the program.
- If a participant did not complete their program and it is determined they are out of compliance, the program participant must either reimburse BBEDC the total cost of the training or pay for training of equal value on their own to be considered compliant and eligible for future program participation.

Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.

Send a copy via:

Mail

Fax

Drop off at BBEDC main offices

Education, Employment and Training

PO Box 1464, Dillingham, AK 99576

1-888-325-4336 or 842-4336

411 First Ave. E, Dillingham, AK 99576

Please sign below to acknowledge you understand the Vocational Technical Training Program Participant Reporting Requirements and agree to submit the applicable documents listed above within 30 days of the program's end date.

Applicant's Signature

Date