

# WRANGELL COOPERATIVE ASSOCIATION

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Job Placement and Training Applicant,

I hereby apply to attend the school indicated in this application and agree to follow all the rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by Wrangell Cooperative Association will be so used or I may be required to repay some or all funds issued by Wrangell Cooperative Association in the event I default on my agreement through fault of my own. If I am eligible for other training or self-sufficiency funds such as Pell grants, BEOG funds, BIA/GA funds, such funds will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance and income information to the BIA or to Wrangell Cooperative Association provider for purposes of this award.

Applicant Initials: \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Statement,**

1. The authorization for solicitation of the information on this form, or a facsimile, is 35 U.S.S. 13 (42 Stat.208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information by your service provider and school counselors is to evaluate your request and to assist you before and during your training. If this application is for Job Placement services, parts or all of the information in your application will be provided to employers who are considering you for employment.
5. Failure to provide requested information could result in a delay or denial in receiving training or job placement assistance that you are seeking.

I have read the aforementioned and have provided the required information. I hereby authorize the use of such information to the extent specified in the foregoing statement.

Applicant Initials: \_\_\_\_\_

**FOR SERVICE PROVIDER USE:**

I certify that \_\_\_\_\_ is a member of the Wrangell Cooperative Association and is/is not eligible for training and or job placement services, has/has not demonstrated a financial need and is/is not recommended for services according to our agreed to plan.

Job Placement and Training Officer \_\_\_\_\_ Date \_\_\_\_\_

WCA President \_\_\_\_\_ Date \_\_\_\_\_