

Application

Alaska Seafood Processing Leadership Institute

*****Applications must be postmarked by 4:00 p.m., January 21, 2008 *****



Alaska Sea Grant Marine Advisory Program
UAF School of Fisheries and Ocean Sciences
funded in part through a grant from
State of Alaska Department of Labor and Workforce Development

The Alaska Seafood Processing Leadership Institute (ASPLI) identifies and fosters individuals who are up and coming leaders in the seafood processing industry. Applicants reside in a community engaged in the Alaska seafood industry and/or have successfully worked in seafood processing industry in Alaska. Applicants are asked to identify a mentor, which might be someone from a processing plant or a regional non-profit organization, a person who can provide professional guidance throughout the institute; and a sponsor who can support the required financial contribution.

In support of ASPLI, the Alaska Department of Labor and Workforce Development contributed funds under the State Training and Employment Program (STEP). Through this funding, the Marine Advisory Program (MAP) may accept up to 20 applicants who qualify under STEP. Those individuals qualifying under STEP will be required to contribute a \$2,500 sponsorship towards ASPLI. All travel, training, and associated materials will be covered during ASPLI. Applicants that apply for ASPLI, but are not eligible for STEP or choose to not use that source of funds, may still participate with a \$1,000 sponsorship, but will be responsible for all travel costs.

The University of Alaska is an EEO/AA institution and is committed to a Drug Free Workplace and applicants are expected to comply with University Policies and Regulations regarding students.
<http://www.alaska.edu/bor/policy/policy.xml>.

Application Process:

To be considered for this program, applicants must answer each of the following questions completely. If you would like to be considered for STEP funding, please include the attached STEP application. Along with answering the questions on this application please attach a **one-page resume or personal history** and include the names and phone numbers of **three people** that can comment on your abilities to participate in this program.

Failure to complete any of the training sessions, work event, or trip will result in disqualification from the Institute.

Final selection of applicants will be based on the following criteria:

- 1) Completeness of application.
- 2) Geographic representation within Alaska.
- 3) Leadership potential of applicant as established by the application and references.
- 4) Scoring of the application questions.
- 5) Scoring of the Alaska Department of Labor in conjunction with answers on the STEP application.

Deadline: Applications must be postmarked by 4:00 pm January 21, 2008.
Applicants will be notified of acceptance by January 25, 2008

Fax or Mail all applications to the address below.

For further information or to obtain an application and calendar please contact:

Alaska Sea Grant Marine Advisory Program
1007 W. 3rd Ave, Ste 100, Anchorage, AK 99501
(907) 274-9691 Fax: (907) 277-5242 www.marineadvisory.org

Alaska Seafood Processing Leadership Institute

Application

Name:

Address:

Telephone (day):

(evening):

Fax:

Email:

Attach a one page resume or personal history and include the names and phone numbers of three people that can comment on your abilities to participate in this program AND answer the questions below (you may type in the gray boxes or fill this out by hand.

1. Are you able to commit to the schedule of events attached to the application?
Must answer yes to continue with the application.
2. Do you have employment set up during 2008 at an Alaska seafood processing facility?
(yes or no) ***Must answer yes to continue with the application.***

Please provide the name and contact information of the facility.

3. Why do you want to attend the program?
4. What skills, interests and abilities would you bring to the *Alaska Seafood Processing Leadership Institute*?
5. While working in the processing sector, what were examples of difficulties you faced and what did you do to bring resolution to the situation?

What were some of the difficulties the facility faced in operating successfully?

6. What do you hope to gain from your participation in the *Alaska Seafood Processing Leadership Institute*?

Alaska Seafood Processing Leadership Institute

Application

7. If selected for the *Alaska Seafood Processing Leadership Institute*, is there someone from the processing plant or a regional non-profit organization (or both) that will serve as your mentor? (yes or no) Why have you chosen this person?

Mentor's contact information (name, address, phone, email):

8. Who will be your sponsor?
Is your sponsor aware of their cost (\$2,500.00 if STEP eligible, \$1,000 plus travel for others)? (yes or no)

Sponsor's contact information (name, address, phone, email):

9. How is your community engaged in the seafood processing industry? What do you think is the future outlook of that industry in your region/community?



State Training and Employment Program Application (STEP)

STATE OF ALASKA

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

PRINT CLEARLY

PARTICIPANT INFORMATION		CONTACT INFORMATION	
Social Security #		Provide contact information for someone who usually knows how to contact you, even if you move.	
Last Name:		Last Name:	
First Name:	Middle Initial:	First Name:	Middle Initial:
Street Address:		Street Address: (Only if different from above)	
Mailing Address: (Only if different from above)		City:	
Zip Code:		State: Alaska	
City:		Zip Code:	
State:		Contact Phone:	
Home Phone:		Participant Message Phone Number (if Applicable):	
Election (Hse/Sen) District Code:		Participant Work Phone Number (if Applicable):	
E-Mail Address:		Relationship to Participant: Other	

Date of Birth: Month Day /	Are you Hispanic or Latino? (Check one) <input type="checkbox"/>	Race? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African
Gender: <input type="checkbox"/>	Are you unemployed and receiving ATAP? <input type="checkbox"/>	Are you paying court-ordered child support? <input type="checkbox"/>
Do you need job skills training to become or remain a self-sufficient wage earner? <input type="checkbox"/>	Do you risk losing your job due a downturn in the economy? <input type="checkbox"/>	Are you a veteran? <input type="checkbox"/> Yes Over 180 Days <input type="checkbox"/> Yes, Under 180 Days <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/>
Are you disabled? <input type="checkbox"/> Yes, a barrier to employment <input type="checkbox"/> No <input type="checkbox"/> Yes, not a barrier to employment		

State Training and Employment Program Application (STEP)

Check the circumstance that applies to you (check only one):

Unemployed

01 I am unemployed and receiving Unemployment Insurance (U. I.) benefits.

02 I am unemployed, not collecting UI, but I have contributed to U. I. benefits within the last 3 years.

Employed

03 I am employed but likely to lose my job within 6 months due to a reduction in the overall number of employees within the business. Employer must provide verification.

04 I am employed but likely to lose my job within 6 months due to the elimination of my current job.

Employer

must provide verification.

05 I am employed but likely to lose my job within 6 months because of a change in job requirements that

requires skills substantially different from those I now possess. Employer must provide verification.

06 I am underemployed and need training and support to find employment that leads to self-sufficiency.

Did a Dept of Labor Worker Profiling Reemployment Services (WPRS) Specialist refer you? Yes No

Applicant Certification

I certify to the best of my knowledge the information in this application is accurate, true, and verifiable. 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, and/or legal action may be brought against me. I certify that I cannot pay for the training I need to gain or remain gainfully employed without incurring financial hardship upon myself and/or my family.

I certify that I have lived in Alaska continuously for more than thirty days and I intend to stay in Alaska and make it my home. I understand that there is a grievance procedure available that explains how I can appeal all eligibility decisions made with regard to this application for STEP program services. I further agree to the use of my Social Security Number if reflected on the first page.

Applicant's Signature _____ Date: _____

OFFICE USE ONLY (must be completed and signed at the time of eligibility determination)

Eligibility Determination Date: _____

Registration Date: _____

Grantee/Contractor Name: _____

Grant Number _____

Justification for using STEP funds (check at least one): Applicant is a resident and:

- Does not have reasonable access to a Job Center
- Training provider is not on the Eligible Training Provider list
- Federal training funds are exhausted or unavailable at the time of application**
- Is ineligible for federal or other public training funds
- Satisfies requirements specified in the respective grant agreement.

Case Manager's Signature: _____ Date: _____

Authorizing Signature (if different) _____ Date: _____