

# Self-Employment Training Series

## Participant Application

This is an application to participate in a program to provide training to low-income individuals or ex-offenders interested in self-employment. This project is offered through the UAA Center for Human Development in partnership with RuralCap and re:MADE. This project is funded through the U.S. Small Business Administration.

### Section I: Participant Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

#### Community where you live:

- Anchorage                       Hooper Bay                       Kotzebue  
 Bethel                               Chevak                               \_\_\_\_\_

#### Certification of household size and income:

I certify that the number of persons in my household is \_\_\_\_\_, and that my total household income for the past year (12 months) did not exceed \$ \_\_\_\_\_

Do you experience a disability?     Yes (select all that apply below)     No

- Developmental disability  
 Mental Illness  
 Traumatic Brain Injury  
 Chronic Alcoholism and other substance related disorders  
 Alzheimer's Disease and Related Dementia  
 \_\_\_\_\_

Do you require any reasonable accommodations?     Yes     No

If yes, please describe: \_\_\_\_\_

Reasonable accommodations for persons with disabilities will be made if requested at least two weeks in advance. Contact Larrisa Cummings, Project Director, 907-264-6279 or [larrisa@alaskachd.org](mailto:larrisa@alaskachd.org) to request.

---

Do you receive SSI and/or SSDI?  Yes  No

If yes, have you had a benefits analysis?  Yes  No

If yes, when was your benefits analysis done? \_\_\_\_\_

---

Have you ever been convicted of a crime?  Yes  No

*Note: Your answer is confidential. The goal of this program is to provide training to low-income individuals or ex-offenders interested in self-employment.*

---

Age: \_\_\_\_\_ Gender:  Male  Female  \_\_\_\_\_

---

What is your race/ethnicity? *Select all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Alaska Native                   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Hispanic                               |
| <input type="checkbox"/> Asian/Asian American            | <input type="checkbox"/> Latino/a                               |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> _____                                  |
| <input type="checkbox"/> White/Caucasian                 |   |

---

## Section II: Contact Information

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

The best way to contact me is  Via email  Via phone

If by phone, the best time to contact me is \_\_\_\_\_  AM  PM



UAA Center for  
Human Development  
UNIVERSITY of ALASKA ANCHORAGE

*Funded in part by a cooperative agreement with the U.S. Small Business Administration.*

*UAA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual.  
[www.alaska.edu/titleixcompliance/nondiscrimination](http://www.alaska.edu/titleixcompliance/nondiscrimination)*