



the **ALEUT**
foundation

(Rev. 3/08)

Community Based Career Development

Section 1: General Information

Full Name:

Mailing Address:

City:

State:

Zip code:

Email Address:

Phone Number:

SSN#:

Date of Birth:

Gender: (Place X) Male Female

Marital Status (Place X) Single Married

Are you currently employed (Place X) Yes No

If Yes, your profession

Is this training required for your current position (Place X) Yes No

Section 2: Eligibility

ELIGIBILITY: To receive career development assistance from The Aleut Foundation, you must be an original enrollee of The Aleut Corporation or a descendant of an original enrollee, **Please put an X where all that apply:**

I am an original enrollee of The Aleut Corporation.

I am a descendant of an original enrollee of The Aleut Corporation

If you are a descendant of an original enrollee of TAC or a descendant of a beneficiary you **MUST** list the relative that makes you eligible for a career development grant.

Name:

Address:

SSN#:

Signature _____

Date _____