Alaska Adult Education
Student Application

Intake Completed by _____ AAE Regional Program Alaska Department of Corrections - DOC Statewide Grant

AAE Student Intake Information

* indicates required fields in AlaskaJobs System

Contact Information

* Full Name _____ * Social Security Number _____
(First, Middle Initial, and Last)

* Residential Address _____ * City & Zip Code _____

* Mailing Address _____ * City & Zip Code _____

* Primary Phone Number _____ Alternative Phone Number _____

* Primary Phone Mode ☒ Voice ☐ TTY ☐ Voice/TTY ☐ Videophone

* Primary Phone Type ☐ Cell/Mobile Phone ☐ Relatives Phone ☐ Home ☐ Work Phone ☐ Not Identified ☒ Other

Primary Email Address _____

Demographic Information

* Date of Birth _____ (MM/DD/YYYY)

* Gender ☐ Male ☐ Female

* Live in a rural area? ☐ Yes ☐ No

Primary Language English ☐ Yes ☐ No

If No, What is Primary Language?

US Citizenship Status
☐ Citizen of the US or US Territory ☐ US Permanent Resident
☐ Alien/Refugee Lawfully Admitted to US
☐ None of the Above

* Race (Ethnicity) *Check all that apply*
☐ African American / Black
☐ American Indian/Alaskan Native
☐ Asian ☐ Hispanic/Latino
☐ Hawaiian/Other Pacific Islander
☐ Middle East/North African ☐ White

Require English Language Assistance? ☐ Yes ☐ No

* Considered to have a disability? ☐ Yes ☐ No ☐ Did not self-identify

* If yes to disability, Check all that apply

☐ Physical/Chronic Health Condition ☐ Physical/Mobility Impairment ☐ Mental or Psychiatric Disability ☐ Vision-Related Disability
☐ Hearing-Related Disability ☐ Learning Disability ☐ Cognitive/Intellectual Disability ☐ Did Not Disclose

Employment Information

* Employment Status ☐ Employed ☒ Not Employed ☐ Employed, but received notice of termination of employment or military separation

* If Not Employed, Is Student Not in the Labor Force ☒ Yes ☐ No – **DOC must select YES if not employed**

* Farmworker Status ☒ No ☐ Seasonal Farmworker Adult ☐ Migrant Farmworker Adult ☐ MSFW Youth ☐ Dependent Adult ☐ Dependent Youth

* Long Term unemployed (27 or more consecutive weeks) ☐ Yes ☐ No

Education History

* Highest School Grade Completed _____ * US Based Schooling ☐ Yes ☐ No ☐ Unknown
(Grade levels 1st-12th) ☐ No School Grade Completed

* High School Diploma or Equivalent Received ☐ Yes ☐ No ☐ Not Applicable

* School Status
☐ In School, secondary school or less ☐ In-School, alternative school
☐ In-School, post-secondary school ☐ Not attending school or secondary school dropout
☐ Not attending school, secondary school graduate or has a recognized equivalent

* Highest Education Level Completed

* US Based Schooling ☐ Yes ☐ No ☐ Unknown

☐ Attained secondary school diploma ☐ Attained secondary school equivalency
☐ Participant with disability receives certificate of attendance/completion ☐ Completed one or more years of Post-Secondary education
☐ Attained a postsecondary technical or vocation certificate (non-degree)
☐ Attained an Associate's degree ☐ Attained a Bachelor's degree
☐ Attained a degree beyond a Bachelor's degree ☐ No Educational Level Completed

Education Partner Services

* Is student receiving services from any of the following?

YouthBuild ☐ Yes ☒ No Job Corp ☐ Yes ☒ No Vocational Rehabilitation ☐ Yes ☐ No ☐ VR&E

YouthBuild Grant Number _____ ☐ Both VR and VR&E ☐ Unknown

Public Assistance Information

Individual or member of a family that is receiving, or in the past 6 months has received, the following:

* Temporary Assistance for Needy Families (TANF) recipient: ☐ Yes ☐ No
* General Assistance (GA) recipient: ☐ Yes ☐ No
* Refugee Cash Assistance (RCA) recipient: ☐ Yes ☐ No
* Supplemental Security Income (SSI) recipient: ☐ Yes ☐ No
* Supplemental Nutrition Assistance Program (SNAP) recipient: ☐ Yes ☐ No

Individual receives, or in the last 6 months, received:

* Social Security Disability Insurance (SSDI) recipient: ☐ Yes ☐ No
* Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act: ☐ Yes ☐ No
* Foster Child (State or local payments are made for applicant): ☐ Yes ☐ No
* Low Income (Adult Education): ☐ Yes ☐ No

Automatically selected if any public assistance question is marked "yes"

Individual & Employment Barriers

The following questions are related to the specific applicant only

* English Language Learner: ☐ Yes ☐ No
* Dislocated Worker: ☐ Yes ☐ No
* Homeless: ☐ Yes ☒ No
* Runaway: ☐ Yes ☒ No
* Foster Care Status (**under the age of 24 only**): ☒ No ☐ Yes, Currently In ☐ Yes, Aged Out
* Ex-Offender (individual has been arrested/convicted of a crime): ☒ Yes ☐ No ☐ Did Not Disclose
* Currently Incarcerated: ☒ Yes ☐ No
* In Other Institutional Setting: ☐ Yes ☒ No
* In Community Correctional Program: ☐ Yes ☒ No

Barriers to Employment

* Displaced Homemaker: ☐ Yes ☐ No
* Within 2 years of exhausting TANF lifetime eligibility: ☐ Yes ☐ No
* Single Parent (including single pregnant women): ☐ Yes ☐ No

Applicant Certification

By my signature below I affirm the below listed certifications and media release information:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I agree to allow information from this form to be used for statistical and follow-up purposes.
3. I understand that the information on this form will be entered into a Statewide AK Adult Ed Database that is a restricted-use database.
4. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Student Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____
(If student is under age 18)

Teacher/Director's Signature _____ Date: _____

USES & DISCLOSURE -Registration information is routinely reported to the Federal Departments of Education and Labor or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program. Furnishing your social security number is voluntary. If you provide this, the Division will not release it to other parties without written consent.

Revised: 09/03/2025