Sofia Alauddin Foundation

VOCATIONAL/TECHNICAL APPLICATION

Sofia Alauddin Foundation accepts Voc-Tech applications from those who are seeking vocational training. Applicants must demonstrate in writing why training is necessary.

In order to qualify for SAF Voc/Tech Program, the training must meet at least one of the following criteria:

1. Fisheries related training directly related to the fisher's operation, including industry related skills training or training that could lead to entry into a fishery as a crew member.
2. Job-readiness training that would provide new or enhance current employment skills for those unemployed with the goal of increasing employability.
3. Employer mandated training required for continued employment.
4. Training or certifications that could lead to a direct employment advancement or pay increase with current primary employer.
5. Continuing education training to maintain certifications that are required for current occupation.
6. Full-time vocational technical education program leading to a nationally recognized certification, license or degree that could lead to direct employment in the vocation.

ELIGIBILITY REQUIREMENTS:

☐**Complete SAF Voc/Tech Application**

1. Copy of your government issued photo ID
2. Additional required documentation as stated on form

☐**Copy of government issued photo ID**

☐**Relationship Disclosure Form**

☐**Must meet minimum age requirement of training**

☐**Provide complete budget information**

☐**Provide two letters of recommendation**

1. Professional (school or work related)
2. Personal

☐**Submit an essay or letter of request that includes:**

1. Your training and employment goals
2. How your training relates to your goals
3. Employment opportunities after completion of your training

☐**Justification letter *if* training is not related to primary employment**

☐**Letter from employer *if* training is employer mandated, could lead to a direct advancement or pay increase**

☐**Incomplete program justification letter, *if* applicable**

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Full Name as it Appears on ID :_____Date:_____

Address:_____City/Village: _____District:_____

Zip:_____Home Phone: _____Work Phone:_____

National Identification Number (NID):_____Email

Address:_____ Date of Birth:_____

Employment & Training Goals:

1. What specific job do you have in mind after completion of this training program?_____

   _____

2. What specific training program are you enrolled in? _____

   School Name:_____Contact Name/Phone:_____

   School Address: _____

3. Training Start Date/Time:_____Completion Date/Time: _____

4. What certification, license or degree will you have upon completion of this training program? _____

   _____

5. What is your primary employment?_____

   If more than one is listed, please explain: _____

   _____

6. Is this training related to your primary employment? ☐ **Yes** ☐ **No**

   If YES, how is it related?_____

7. Is this training mandated by your employer? ☐ **Yes** ☐ **No**

8. Have you previously received Employment/Training services from SAF? ☐ **Yes** ☐ **No**

   What Year(s):_____

9. What employment opportunities and with which company are there for you upon completion of this training? _____

   _____

10. Do you plan to return to utilize your training in the Barishal upon completion? **Yes** ☐ **No** ☐

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Education History

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduation Date:
High School:			From: To:	
Technical/Trade:			From: To:	
College: (list all attended)				
Other Training/Education:				

Employment History

Last or Present Employer Nature of Business		Job Title:
Address: Phone Number		Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name Phone Number		
Base Salary:	Dates Worked: From_____To_____	Reason for Leaving:
Employer Nature of Business		Job Title:
Address: Phone Number		Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name Phone Number		
Base Salary:	Dates Worked: From_____To_____	Reason for Leaving:
Employer Nature of Business		Job Title:
Address: Phone Number		Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name Phone Number		
Base Salary:	Dates Worked: From_____To_____	Reason for Leaving:

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Budget Information:

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate. This section must be complete. SAF ***will not make an award if the total training costs are not met.***

Actual Costs:		**Student's Contribution**	
Description	**Amount**	**Description**	**Amount**
Tuition	$_____	Savings / Employment	$_____
Books/Fees	$_____		$_____
Room	$_____	Permanent Fund Dividend	$_____
Meals	$_____	Govt Support	$_____
Miscellaneous	$_____	Student Loan	$_____
(Rental Cars Are Not Covered)		Other sources _____	$_____
TOTAL	***$*** _____	***TOTAL***	***$*** _____

AMOUNT REQUESTED FROM SAF $ _____ ***Not to exceed $*** _____

Why did you apply for this program and how will it assist you? _____

_____

_____

How did you learn about this program? ☐ Liaison ☐ Website ☐ SAF Staff ☐ Program Directory ☐ Other _____ Describe Other

_____ Applicant's Signature

_____ Date

By signing this application, I promise that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by SAF as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicant's request for funding by SAF.