

After completing a student's information in AlaskaJobs, the application can be printed, signed and stored in the student's file.								
<u>Step 1</u> : Complete the stu	dents application							
AED #475164 - Complete								
+ District:	Southeast Regional Adult Education Program	Application Date	07/26/2020	5 1				
Grantee: County/Borough/Parish:	Southeast Regional Resource Center Juneau, City and Borough	Participation Date: Projected End Date:	07/26/2020 05/26/2021					
Location: Student ID:	N/A	Exit Date:	N/A N/A					
Note: Po	pup Blocker must be set	to allow Alaska	Jobs on your browser					
Step 2: Once the application is complete, on the far right side, select the printer icon								
AED #475164 - Complete				→				
District Granteer	Southeast Regional Adult Education Program	Application Date	07/26/2020					
County/Borough/Parish: Location:	Juneau, City and Borough Juneau	Projected End Date: Closure Date:	05/26/2021 N/A					
	đ	B						
Step 3: Select the type of form you would like to print: with or without disability information								
Select the type of form to print:								
	Print Application with di	sability informat	ion					
	Print Application withou	t disability infor	mation					
Step 4: The AE Applicat	ion will generate with a	all information	for you file					

GENERAL INFORM	ATION				
Name: AKTest, Ryd	ar		SSN: XXX-XX-121	2	
App ID: 475164			State ID: 8000897	44	
Grantee: Southeast	Regional Resource Cer	nter	County: Juneau,	City and Borough	
LWIA: Southeast Ec	onomic Region		Office of Response	sibility: Juneau Job Cen	iter
CONTACT INFORM	ATION		Eligibility Date: 0	1120/2020	
Current Address: 1	111 Main St, Juneau, /	AK 99801	County/Parish: Ju	uneau, City and Borough	
Eligibility Address:	1111 Main St, Juneau	i, AK 99801	County: Juneau,	City and Borough	
Primary Phone: (90	7) 555-5555		Alternate Phone:		
Phone Type: Cell/M	lobile Phone		Phone Type:		
Phone Mode: Voice			Phone Mode:		
Fax:			Email: windy.swea	aringin@alaska.gov	
Mailing Address: 1	111 Main St, Juneau, A	AK 99801			
Alternate Contacts					
Contact Name	Relationship	A	ddress	Phone Number	Email
DEMOGRAPHIC IN	ORMATION				
Date of Birth: 06/29	2000 Verified		Age at Eligibility:	20	
pplication can b 1ber	e printed a	und signe	ed by the st	tudent, pare	ent/guar
pplication can b iber	e printed a	and signe	ed by the st	tudent, pare	ent/guar
pplication can b aber signatures:	e printed a	and signe	ed by the st	udent, pare	ent/guar
pplication can b bber SIGNATURES: I certify that the informatio misstatement of the facts action. I give permission f my eligibility for Adult Edu information on this applica	n on this application may cause my forfer cation Program. I fi titon will be provide	n is accurate to iture of rights i to be contacted urther understa ad to other gove	ed by the si o the best of my kn in the Adult Educat and and agree that ernment agencies i	iowledge. I understar ion Program and ma isclose any informat my social security ni f required by law.	ent/guar nd that my will y result in crim ion necessati in crim umber and othe
SIGNATURES: I certify that the informatio misstatement of the facts action. 1 give permission for my eligibility for Adult Edu information on this applicat	n on this applicatic may cause my forfer cation Program. I f tition will be provide	and signe	ed by the si o the best of my kn in the Adult Educat and and agree that ernment agencies i	indent, pare	ent/guar