Native American Apprentice Assistance Program (NAAAP) 2026-27 Financial Aid Application

The Native American Apprentice Assistance Program (NAAAP) is available to members of the federally recognized tribe, nation, or band of Indians listed below through a block grant administered in partnership with the Washington Student Achievement Council (WSAC).

By applying, you are agreeing that you do not owe a repayment to any state grant or scholarship nor are you in default on a state student loan. If you are unsure, please contact **WSAC by phone at 888.535.0747 option 9**.

Applicants must also have an active registration in a Washington state Registered Apprenticeship program under chapter 49.04 RCW. Applicants cannot be awarded a NAAAP grant if they are in suspended status, have a canceled status, or already have a completed status in the Department of Labor & Industries' (L&I) Apprenticeship Registration & Tracking System (ARTS).

If you do not complete any on-the-job training (OJT) or related/supplemental instruction (RSI) hours, or if your status listed in L&I ARTS changes to a status other than Active, you may owe a repayment of all or part of any state funds you have received.

NAAAP Grants can be up to **$10,000 for first time applicants and up to $5,000 for returning applicants** for the 2026-27 Fiscal Year, which ends on June 30, 2027. If you are awarded state financial assistance through NAAAP, funding should be prioritized to help cover any tuition costs for RSI. Funding can also be used to cover required supplies, tools, materials, work clothing, and living expenses. State financial assistance cannot be used to pursue programs in theology, cannot be used for expenses that are not related to your apprenticeship program, and cannot be used to purchase illegal or controlled substances.

For returning applicants: by applying, you acknowledge and understand **you must be making progress towards completing your apprenticeship program** before you can be considered for your 2026-27 award. If funding for the program extends beyond the 2026-27 Fiscal Year, selection for a renewal award may have additional requirements such as your progression in your program based on OJT and RSI hours completed and being in good standing with your program Sponsor.

Applicants may submit only one application to the NAAAP program. Applicants with dual tribal affiliation must decide which tribal program they will apply to, and cannot apply to both, or multiple.

Application For:

Puyallup Tribe

Application Instructions

Please fill out this application and return to the Puyallup Tribe TERO. Please be sure to include your Apprenticeship Registration & Tracking System (ARTS) ID. We are reviewing applications on a first come first serve basis, please fill out the application as soon as possible. If you are a returning applicant, it is recommended that you apply with the same tribe as before. Expenses $500 and over will require supporting documentation (Examples: receipts, invoices, quotes, or letters)

Contact Information

TERO@PuyallupTribe-nsn.gov Cell: (253) 389-1574 Email: Stevie.Sherman@PuyallupTribe-nsn.gov

NAAAP Team at apprenticeship@wsac.wa.gov or 888-535-0747, option 9

Native American Apprentice Assistance Program (NAAAP) 2026-2027 Financial Aid Application

Applicant Information

1) Legal Name (Last Name, First Name, Middle Initial):

2) Date of Birth (MM/DD/YYYY):

3) Preferred Name:

4) SSN or ITIN:

5) Apprenticeship Registration & Tracking System (ARTS) ID Number:

6) Street Address:

7) City:

8) State:

9) Zip/Postal Code:

10) Cell Phone:

11) Email Address:

12) Alternate Phone:

13) Race/Ethnicity: (Select all that apply)
- ☐ Hispanic or Latino
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other

14) Gender: (Select one)
- ◯ Male
- ◯ Female
- ◯ X/Non-Binary

*Responses to question **15-34** will help inform NAAAP and other apprenticeship programs administered by WSAC. **Your responses will not affect your eligibility for the NAAAP program**. Please provide as much information as you are able to, but your responses are **optional**.

15) What is your high school completion status? (Select One)
- ◯ Currently Enrolled in High School
- ◯ Currently Enrolled in a GED Program
- ◯ Currently Enrolled in an I-BEST Program
- ◯ Completed an I-BEST Program
- ◯ High School Diploma or GED Certificate
- ◯ Home Schooled
- ◯ None of the Above

16) What other types of education/training do you have? (Select All That Apply)
- ☐ Some College
- ☐ Apprenticeship Preparation Program
- ☐ Military Training Certificate
- ☐ Bachelor's Degree
- ☐ Other
- ☐ Associate's Degree
- ☐ Industry-Recognized Credential
- ☐ Journey Level Certificate of Completion
- ☐ Postbaccalaureate Degree

17) Were you born before January 1, 2002?	◯ Yes ◯ No
18) As of today, are you married? (Answer "No" if you are separated. Refer to note for Question #30 on page Yes No 4)	◯ Yes ◯ No
19) As of July 1, 2026, will you be working on a Master's or Doctorate program?	◯ Yes ◯ No
20) Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? Answer "Yes" if you are currently serving in the U.S. Armed Forces or are a National Guard or Reserves enlistee who is on active duty for other than state or training purposes. Answer "No" if you are a National Guard or Reserves enlistee who is on active duty for state or training purposes.	◯ Yes ◯ No
21) Are you a veteran of the U.S. Armed Forces? Answer "Yes" (you are a veteran) if you (1) have engaged in active duty (including basic training) in the U.S. Armed Forces or are a National Guard or Reserves enlistee who was called to active duty for other than state or training purposes or were a cadet or midshipman at one of the service academies; and (2) were released under a condition other than dishonorable. Also answer "Yes" if you are not a veteran now but will be one by June 30, 2027. Answer "No" (you are not a veteran) if you (1) are currently serving in the U.S. armed forces and will continue to serve through June 30, 2026; (2) have never engaged in active duty (including basic training) in the U.S. Armed Forces; (3) are currently a ROTC student or a cadet or midshipman at a service academy; (4) are a National Guard or Reserves enlistee activated only for state or training	◯ Yes ◯ No

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purposes; or (5) were engaged in active duty in the U.S. Armed Forces but released under dishonorable conditions..	
22) Do you have children or other people (excluding a spouse) who live with you and receive more than half of their support from you now and between July 1, 2026, and June 30, 2027?	○ Yes ○ No
23) At any time since you turned 13, were you an orphan (no living biological or adoptive parent), were a ward of the court, or were in foster care? Answer "Yes" if at any time since you turned age 13: a) You had no living parent, even if you are now adopted; or b) You were in foster care or a dependent or ward of the court, even if you are no longer in foster care today or a dependent or ward of the court today. For federal student aid purposes, someone who is incarcerated is not considered a ward of the court. Your financial aid office may require you to provide proof that you were in foster care or a dependent or ward of the court.	○ Yes ○ No
24) Are you or were you legally emancipated, or in a legal guardianship with someone other than your parent or stepparent, as determined by a court in your state of residence? Answer "No" if the court papers say "custody" rather than "guardianship," or if you are still a minor and a court decision for emancipation or legal guardianship is no longer in effect, or the court decision was not in effect at the time you became an adult.	○ Yes ○ No
25) At any time on or after July 1, 2025, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless? Answer "Yes" if your situation was determined by: a) Your high school or district homeless liaison, b) The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or c) The director of a runaway or homeless youth basic center or transitional living program.	○ Yes ○ No
26) Do you have an unusual circumstance preventing you from contacting your parents or would contacting your parents pose a risk to you? You may be experiencing an unusual circumstance if you left home due to an abusive or threatening environment; were abandoned by or estranged from your parents; have refugee or asylee status and are separated from your parents, or your parents are displaced in a foreign country; are a victim of human trafficking; are incarcerated (or your parents are incarcerated), and contact with your parents would pose a risk to you; or are otherwise unable to contact or locate your parents. Not all situations are considered an unusual circumstance. The following situations do not qualify as an unusual circumstance: a) You do not live with your parent(s), or your parent(s) do not want to provide their information on your application. b) Your parents don't provide you with financial support or refuse to contribute to your program expenses. c) Your parents don't claim you as a dependent on their income tax return.	○ Yes ○ No

If you answered "Yes" to any question numbered 17-26 above: Complete the financial information and family information on page 4 as an independent applicant. Do not provide parent's family size and income. Family size should include yourself (and your spouse if married), your dependent children (even if they live apart due to college enrollment), and other people living with you now. Include dependent children and other people only if you will provide more than half of their support between July 1, 2026, and June 30, 2027.

If you answered "No" to all questions numbered 17-26 above: Complete the financial information and family information on page 4 as a dependent applicant and provide information for your parent's family size and income. Family size should include the parent (and their spouse or partner), the applicant, the parent's dependent children (even if they live apart due to college enrollment), and other people living with the parent now. Include dependent children and other people only if the parent will provide more than half of their support between July 1, 2026, and June 30, 2027. Refer also to note for Question #32 on Page 4.

27) Based on questions 17-26, what is your dependency status?

○ **Independent (go to question 30)**	○ **Dependent (go to question 28)**

Applicant's Legal Name (Last Name, First Name, Middle Initial): _____

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28) Between July 1, 2026, and June 30, 2027, will you primarily be living at home with your parents? ◯ Yes ◯ No

29) As of today, what is the marital status of your parents? (Go to question **31**)

◯ Married (or unmarried or divorced) and both legal parents living together as of ____/_____

◯ Remarried (after being widowed or divorced) as of ____/_____

◯ Never married (or divorced or separated) and both legal parents not living together as of ____/_____

◯ Widowed as of ____/_____ ◯ N/A

30) As of today, what is your marital status[1]? ◯ N/A

◯ Single (never married) ◯ Married or remarried as of ____/_____

◯ Separated as of ____/_____ ◯ Divorced or widowed as of ____/_____

[1] 30): For financial aid purposes, a married couple is considered legally separated by a state or if the couple is legally married but has chosen to live separate lives, including living in separate households, as though they weren't married. If you and your spouse are separated but living together, select "Married/Remarried," not "Separated."

31) What is your family size?[2] _____

32) What is your total Family Income for 2024 IRS Tax Year?[3]

$_____

[2] 31): Refer to notes on bottom of Page 3 for family size.

[3] 32): If you are considered independent, provide your family income information for you and your spouse (if married or remarried).

If you are dependent, provide your parent's family income information for both parents if they are married (or unmarried or divorced) and both parents living together.

If your parent was never married and does not live with your other legal parent, or if your parent is widowed and not remarried, provide information for your parent

If your parents are divorced or separated, provide information for the parent who provides the greater portion of the applicant's financial support, even if the applicant does not live with them. If both parents provided an exactly equal amount of financial support during the past 12 months, or if they don't support the applicant financially, answer the question about the parent with the greater income and assets. If this parent is remarried as of today, answer the questions about that parent and the stepparent.

If the applicant's widowed parent is remarried as of today, answer the questions about that parent and the stepparent.

33) Including yourself, how many members of your family will be in college or in an apprenticeship between July 1, 2026, and June 30, 2027? (Do not count parents of Dependent applicants.) _____

34) Between July 1, 2026, and June 30, 2027, will you receive other forms of assistance for your apprenticeship?

◯ No ◯ Yes (Select Types and Provide Amounts): ☐ WA Grant for Apprenticeship (WG-A) $_____

☐ WA College Grant (WCG) $_____ ☐ Opportunity Scholarship $_____ ☐ NAAAP $ _____

☐ Other Scholarships $_____ ☐ Employer Reimbursements $_____ ☐ Trade Act $_____

☐ Other: (Specify) _____ $_____

35) Complete this question only if you received a previous grant through the Native American Apprentice Assistance Program (NAAAP). If you are a first-time applicant, skip this question.

A) Based on an annual (1-year period) completion of 1,340 On-the-Job Training (OJT paid) hours and 96 Related/Supplemental Instruction (RSI classroom) hours, describe what barriers you encountered to completing this standard or what supports/resources helped you complete these hours:

B) Please describe any strategies you have learned (or found effective) to support your progression and completion of your apprenticeship program? You can also describe what you have learned about yourself that will help you be successful:

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Apprenticeship Program Tuition & Fees

☐ I need assistance with tuition and fees for my related supplemental instruction (RSI) classes required for my apprenticeship program for classes from July 1, 2026, to June 30, 2027. Please list the details below:

RSI Course	Location	Dates of Course	Total Tuition & Fees
Example: OSHA 20	*Perry Technical Institute*	*8/1/2026 to 9/30/2026*	*$200*

Apprenticeship Program Books, Materials, Supplies, Equipment

☐ I need assistance with tuition and fees for my related supplemental instruction (RSI) classes required for my apprenticeship program for classes from July 1, 2026, to June 30, 2027. Please list the details below:

Expense	Cost
Required Books, Textbooks, or eBooks for RSI Courses	$ N/A ☐
Work Clothes and Uniforms	$ N/A ☐
Work Boots	$ N/A ☐
Computer or Laptop Rental or Purchase Required for RSI or OJT	$ N/A ☐
Required Materials or Supplies for RSI or OJT (specify below):	
Example: Graphing Calculator	*$120*
1.	$ N/A ☐
2.	$ N/A ☐
3.	$ N/A ☐
4.	$ N/A ☐
5.	$ N/A ☐
Required Equipment for RSI or OJT (specify below):	
Example: Automotive Tool Set	*$850*
1.	$ N/A ☐
2.	$ N/A ☐
3.	$ N/A ☐
4.	$ N/A ☐
5.	$ N/A ☐

Applicant's Legal Name (Last Name, First Name, Middle Initial): _____

Native American Apprentice Assistance Program (NAAAP) 2026-2027 Financial Aid Application

Examination, Certification, and Licensure Fees

☐ I need assistance with fees for exams, certifications, and/or licenses.

Expense	Cost
List the Exam, Certification, and/or Licensure Fees	
Example: O-1 Electrician Exam Fee	*$75*
1.	$ N/A ☐
2.	$ N/A ☐
3.	$ N/A ☐
4.	$ N/A ☐

Transportation Related Expenses

☐ I depend on public transportation to get to and from RSI and/or OJT and need assistance with public transportation costs. Cost of monthly public transit pass: $_____

☐ I need financial assistance with getting my driver's license. Estimated amount needed: $_____

☐ I drive my own vehicle to get to and from RSI and/or OJT and need assistance with:

☐ Fuel Costs: Average number of miles driving to/from RSI and/or OJT per month: _____

☐ Vehicle Repair or Maintenance: $_____ (total needed for repair or service) ☐ Car Insurance: $_____ (monthly cost)

☐ Vehicle Registration Cost: $_____ (amount due)

☐ Driver's Licensing Fee: $_____ (amount due)

Transportation Related Expenses Continued

My apprenticeship requires me to travel more than 50 miles to complete OJT or RSI and need assistance with:

☐ Fuel Costs: Estimated number of miles round-trip: _____ # of trips/year: _____

☐ Lodging Costs:

County: _____ # of nights _____

Applicant's Legal Name (Last Name, First Name, Middle Initial): _____

Native American Apprentice Assistance Program (NAAAP) 2026-2027 Financial Aid Application

Living Expenses (Housing, Utilities, Communication Services, and Food)

☐ I need assistance with rent: $_____ (per month)

☐ I need assistance with my electric/gas bill: $_____ (per month)

☐ I need assistance with my water bill: $_____ (per month)

☐ I need assistance with home repairs: $_____ (amount) Please describe:

☐ I need assistance with purchase of a new phone or cell phone repairs: $_____ (amount)

☐ I need assistance with my cell phone bill: $_____ (per month)

☐ I need assistance with purchase of a computer or with computer repairs: $_____ (amount)

☐ I need assistance with my internet bill: $_____ (per month)

☐ I need assistance with food expenses: $_____ (per month)

Do you currently receive SNAP benefits (food stamps)? ○ Yes ○ No

(This question is only for data collection purposes.)

Dependent Care & Accommodations

☐ I have a disability and need assistance purchasing assistive devices, assistive technology, or other specialized medical supplies to complete my OJT or RSI.

List Device/Technology/Medical Supply (specify below):	
Example: Augmentative Communication Device	*$240*
1.	$ N/A ☐
2.	$ N/A ☐
3.	$ N/A ☐
4.	$ N/A ☐
5.	$ N/A ☐

☐ I need assistance with childcare expenses: $_____ (per month)

☐ I need assistance with dependent care (not childcare) expenses: $_____ (per month)

Applicant's Legal Name (Last Name, First Name, Middle Initial): _____

Native American Apprentice Assistance Program (NAAAP)
2026-2027 Financial Aid Application

By signing this application, you certify that all the information you provided is true and complete to the best of your knowledge, and you agree, if asked, to provide information that will verify the accuracy of your completed form. You also certify that you do not owe a refund or repayment for any Washington state financial aid programs and are not in default on any state loan program. Any participant who obtains state aid by means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility will be subject to applicable civil and criminal penalties and repayment of all state aid funds received.

By signing this application, you also certify that if you are awarded state financial assistance through the NAAAP program, you have an active registration in a Washington state Registered Apprenticeship program under chapter 49.04 RCW at the time funding is disbursed to you. Applicants cannot be awarded a NAAAP grant if they are in suspended status, have a canceled status, or already have a completed status in the Department of Labor & Industries' (L&I) Apprenticeship Registration & Tracking System (ARTS).

By signing this application, you agree that **if you do not complete any on-the-job training (OJT) or related/supplemental instruction (RSI) hours, or if your status listed in L&I ARTS changes to a status other than Active, you may owe a repayment of all or part of any state funds you have received.**

NAAAP Grants can be up to **$10,000 for first time applicants and up to $5,000** for returning applicants for the 2026-27 Fiscal Year, which ends on June 30, 2027.

By signing this application, you agree that if you receive state financial assistance through the NAAAP program, funding should be prioritized to help cover any tuition costs for related/supplemental instruction. Funding can also be used to cover required supplies, tools, materials, work clothing, and living expenses.

By signing this application, you agree that you will not use state financial assistance through the NAAAP program for expenses related to costs for programs in theology, cannot be used for expenses that not related to your apprenticeship program, and cannot be used to purchase illegal or controlled substances.

By signing this application, you acknowledge that if funding for the program extends beyond the 2026-27 Fiscal Year, selection for a renewal award may have additional requirements such as your progression in your program based on On-the-Job Training (OJT) and RSI hours completed and being in good standing with your program Sponsor.

By signing this application, you acknowledge that there could be other circumstances that would require a repayment or reduction in your current award amounts.

By signing this application, you also acknowledge that any offer of state financial assistance through NAAAP is subject to, and conditioned upon, the availability of funds. WSAC and the listed federally recognized Tribe, Nation, or Band of Indians through which the grant is awarded, reserve the right to withdraw, reduce, or modify the awards due to funding limitations or due to changes in circumstances which affect your eligibility for the program.

By signing this application, you also acknowledge that if you fail to cash your check containing state funds or pick up any remaining funds by the close of the fiscal year (June 30), the funds shall be returned to the program at WSAC and treated as funds declined by you.

Additionally, by signing this application, you give permission for the federally recognized Tribe, Nation, or Band of Indians listed above, the Washington Student Achievement Council (WSAC), the Washington State Department of Labor & Industries (L&I), and your Apprenticeship Program Sponsor, to use and share confidential information about you as necessary for the Native American Apprentice Assistance program – as required to determine your eligibility and monitor your ongoing participation and eligibility. This consent is valid for a maximum of three (3) years from the date signed unless you withdraw or change your consent in writing.

By signing this application, you acknowledge that you are taking part in this program under a singular tribal affiliation. You also understand that using dual enrollment under two tribes is grounds for disqualification in the program and immediate repayment of funds.

Signature of Applicant: _____ Date: _____

Applicant's Legal Name (Last Name, First Name, Middle Initial): _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they