



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 through a block grant administered or via direct application processing 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, cannot purchase a vehicle 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.

Grant awards are administered on a first-come, first-served basis for eligible apprentices who are enrolled members of a Washington State federally recognized tribe as defined in RCW 43.376.010 that were not awarded block grants for the NAAAP program.

Application For:

WSAC Processing

Application Instructions

Completed application packets must be submitted via physical mail directly to WSAC. Fill out pages 2 through 10 of the NAAAP Financial Aid Application along with this WSAC Direct Processing Checklist. Attach copies of all required documentation, including tribal membership verification, proof of active L&I ARTS registration, and itemized receipts or formal cost estimates for any individual expense request of \$500 or more (incurred between 7/1/2026 and 6/30/2027, or showing past-due status). Submit copies only, as physical documents will not be returned. All submitted materials must be professional and directly relevant to your application; inappropriate or unrelated content will result in immediate rejection. You may submit your application prior to registering as a Washington Statewide Vendor, but an active Statewide Vendor Number must be provided to WSAC before any awarded funds can be disbursed.

Contact Information

Please submit your completed application packet via mail to:
Washington Student Achievement Council
Attn: Native American Apprenticeship Assistance Program
PO Box 43430
Olympia, WA 98504-3430

For questions, please reach out to the NAAAP Team at:
888.535.0747, option 9
apprenticeship@wsac.wa.gov

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WSAC Processing Applicant Checklist

Notice: Complete this page **only** if you are applying directly through the Washington Student Achievement Council (WSAC) rather than a participating tribe.

Please select the Federally Recognized Tribe that you are a member of.

[Select One]

Section 1: Required Documentation Checklist

Please submit copies of the following required documents to your completed application. Documents submitted must be professional and relevant to the processing of your application. Submitting inappropriate, explicit, or unrelated content will render your application incomplete and subject to being rejected. **Incomplete submissions cannot be processed.**

☐ Tribal Membership

- Copy of Tribal Enrollment Card, Certificate of Degree of Indian Blood (CDIB), or an official enrollment verification letter from your Tribe's enrollment office.

☐ Receipts and Cost Estimates (Required for items over \$500)

- Copies of itemized receipts, purchase quotes, invoices, vendor estimates or rental agreements for any individual request of **\$500 or more**. (e.g., tuition costs, equipment, computer/laptop purchases, utility bills, vehicle repairs, or required lodging for OJT/RSI. Documentation must reflect expenses incurred between 7/1/2026 to 6/30/2027 or show past-due status with official billing statements attached.

☐ Apprenticeship Status Verification (Optional)

- Copy of proof of active registration in L&I ARTS (e.g., copy of L&I card, ARTS ID printout). *Please note that you must be active in L&I ARTS to be considered eligible for the WG-A.*

Section 2: Itemized Grant Request and Verification Details

If you are requesting funds over \$500 for specific line items listed on pages 4–6, provide the details below and attach your receipts/quotes:

Item / Expense Description	Requested Amount	Receipt / Quote Attached?
1.	\$	☐ Yes ☐ Pending
2.	\$	☐ Yes ☐ Pending
3.	\$	☐ Yes ☐ Pending
4.	\$	☐ Yes ☐ Pending
5.	\$	☐ Yes ☐ Pending
6.	\$	☐ Yes ☐ Pending
7.	\$	☐ Yes ☐ Pending

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Section 3: Additional Context and Supporting Information *(Optional)*

Use the space below to provide any additional details regarding your request, unusual circumstances, or financial barriers that will help WSAC review your award:

Section 4: Payment Information, Direct Processing Authorization and Certification

- *You are submitting an application that will be serviced by WSAC. If an award is designated, you will need to register for a Washington Statewide Vendor to be able to receive payments. If you already have one established for the WA Grant for Apprenticeship, you do not need to create a new one - but you must ensure that your mailing information or direct deposit information is updated with OFM.*
- *Please visit <https://ofm.wa.gov/tech-support/statewide-vendor-payee-services/> to register.*

Statewide Vendor Number: _____

By signing below, you acknowledge and agree to the following:

1. **Receipt Retention:** You agree to keep and submit itemized receipts to WSAC for all grant purchases upon request.
2. **Verification:** You certify that all attached tribal documentation and expense records are accurate and complete.
3. **Terms and Conditions:** You remain subject to all program rules, repayment policies, and active L&I ARTS status requirements outlined on Page 7.

Applicant Legal Name (Print): _____

ARTS ID Number: _____ **Date:** _____

Applicant Signature: _____

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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 (Optional):				
6) Street Address:				
7) City:	8) State:	9) Zip/Postal Code:		10) Cell Phone:
11) Email Address:			12) Alternate Phone:	
13) Race/Ethnicity: ☐ Hispanic or Latino ☐ Asian ☐ Other (Select all that apply) ☐ American Indian or Alaskan Native ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ White				
14) Gender: ☐ Male (Select one) ☐ 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 ☐ High School Diploma or GED Certificate ☐ Currently Enrolled in a GED Program ☐ Home Schooled ☐ Currently Enrolled in an I-BEST Program ☐ None of the Above ☐ Completed an I-BEST Program		16) What other types of education/training do you have? (Select All That Apply) ☐ Some College ☐ Associate's Degree ☐ Apprenticeship Preparation Program ☐ Industry-Recognized Credential ☐ Military Training Certificate ☐ Journey Level Certificate of Completion ☐ Bachelor's Degree ☐ Postbaccalaureate Degree ☐ Other		
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 <u>not</u> 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

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."

30) As of today, what is your marital status¹? ☐ N/A

- ☐ Single (never married) ☐ Married or remarried as of ____/____
☐ Separated as of ____/____ ☐ Divorced or widowed as of ____/____

31) What is your family size?² _____

32) What is your total Family Income for 2024 IRS Tax Year?³
\$ _____

²31): Refer to notes on bottom of Page 3 for family size.

³32): 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 \$ _____
☐ 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:

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

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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
<i>Example: OSHA 20</i>	<i>Perry Technical Institute</i>	<i>8/1/2026 to 9/30/2026</i>	<i>\$200</i>

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):	
<i>Example: Graphing Calculator</i>	<i>\$120</i>
1.	\$ N/A ☐
2.	\$ N/A ☐
3.	\$ N/A ☐
4.	\$ N/A ☐
5.	\$ N/A ☐
Required Equipment for RSI or OJT (specify below):	
<i>Example: Automotive Tool Set</i>	<i>\$850</i>
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): _____

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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	
<i>Example: O-1 Electrician Exam Fee</i>	<i>\$75</i>
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 _____

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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):	
<i>Example: Augmentative Communication Device</i>	\$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)

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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, cannot purchase a vehicle 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 reserves 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 you 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: _____
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Applicant's Legal Name (Last Name, First Name, Middle Initial): _____