



YOUTH INITIATIVES PROGRAM APPLICATION

STUDENT INFORMATION

Name:		
Date of birth:	SS#:	Tribal ID#:
Current address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	Email Address:

SCHOOL INFORMATION

Name of School:		
School Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
School Year:	Grade in School:	
Honors (Optional):		

AREA(S) OF PARTICIPATION

Check one or more of the following:

<input type="checkbox"/> Art Contest (Does not have to be a school project)
<input type="checkbox"/> Attendance Incentive (Applies to the entire school year)
<input type="checkbox"/> Essay/Poetry Contest (Also does not have to be a school project)
<input type="checkbox"/> Graduation Incentive (Available to senior high school students only)
<input type="checkbox"/> Student of the Month Consideration (Documentation of activities/honors must be included)

TRIBAL NEWSLETTER AUTHORIZATION

If recognized in one or more of the above areas, I grant permission for my (circle one) son/daughter to be acknowledged in the tribal newsletter. Yes No

TRIBAL ENROLLMENT AUTHORIZATION

I hereby grant the Tribe's Education Department permission to update my son/daughter's personal information with the Enrollment Department and to obtain a copy of his/her tribal census certificate. Yes No

LINEAL DESCENDANCY (OPTIONAL)

Parents/Guardians:
Grandparents:
Great Grandparents:

PERMISSION/SIGNATURE

I hereby give permission for my son/daughter to participate in the Youth Initiatives Program for the current school year.

Signature of Parent/Guardian:	Date:
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