



**PONCA TRIBE OF NEBRASKA
NATIVE AMERICAN YOUTH ENHANCEMENT PROGRAM
2026
APPLICATION**

PERSONAL INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Date of Birth:

Email Address:

Tribal ID# (if applicable)

SS#:

PROOF OF NATIVE AMERICAN AFFILIATION

Name of Tribe:

If an enrolled member of a tribe, please attach a copy of your Certificate of Indian Blood

If not an enrolled member of a tribe, please attach one of the following:

1. Proof of lineal descendancy (This can be a copy of a parent or grandparent's CIB)
2. Proof of enrollment in some type of Native American program, such as Title VI

INCENTIVE BONUS

If I complete the entire Program, I am to receive the following:

1. A certificate of completion
2. An incentive bonus of \$100.00

If I complete certain units, I am to receive the following

1. A certificate noting those units that I have completed
2. An incentive bonus of \$20.00 for each unit completed

PERMISSION/SIGNATURE

I hereby give permission for my son/daughter to participate in the Youth Enhancement Program.

Signature of Parent/Guardian:

Date:

EMAIL COMPLETED FORMS TO: aknudsen@poncatrIBE-ne.gov

PONCA TRIBE OF NEBRASKA

Department of Education • 1800 Syracuse Avenue • Norfolk, NE 68701

Phone: 402-371-8834 • Fax: (402) 371-7564

Ponca Tribe of Nebraska Native American Youth Enhancement Program (NAYEP)

Testimonial and Media Release Form (For Participants Ages 13–18)

This form gives the Ponca Tribe of Nebraska permission to use your words, videos, or audio recordings (referred to as “Media”) to promote the Native American Youth Enhancement Program (**NAYEP**). Your honest feedback helps us secure funding, recruit new participants, and celebrate the success of our community.

Please read this form carefully. Both the participant (youth) and a parent or legal guardian must sign below.

1. Media Usage and Release

By signing this form, the Parent/Guardian and the Participant agree that the Ponca Tribe of Nebraska, its representatives, and partners have the right to use the participant’s Media for promotional and educational purposes, including but not limited to:

- **Written Testimonials:** Quotes and statements about the program.
- **Video Recordings:** Recorded interviews.
- **Audio Recordings:** Voice recordings of interviews or spoken statements.

The Media may be used in various formats, including print brochures, newsletters, reports to funders, presentations, websites, social media platforms (like Facebook, Instagram, TikTok or YouTube), Google Classroom, and press releases.

2. Participant Identification Preferences

We want to make sure you are comfortable with how we identify you when sharing your testimonial. Please sign and initial **ONE** option below for how the participants' name may be used alongside their Media:

Signature Parent/Guardian and Participant	Parent/Guardian Initial	Participant Initial	Description
A			Full Name and Tribal Affiliation: You grant permission to use the participant's full name (e.g., Jane Doe) and to state their Tribal affiliation.
B			First Name and Initial of Last Name Only and Tribal Affiliation: You grant permission to use ONLY the participant's first name & last name initial (e.g., Jane D.) & state their Tribal affiliation.
C			Anonymous: You grant permission to use the testimonial/media, but WITHOUT using the participant's name or image (e.g., identified only as "NAYEP Participant").

3. Voluntary Participation and Right to Withdraw Consent

- **Voluntary Nature:** We confirm that participating in a testimonial is **completely voluntary**. Refusing to sign this form, or choosing not to participate in a testimonial, will **not** affect the participant's enrollment, benefits, or standing in the Native American Youth Enhancement Program.
- **No Compensation:** The participant and parent/guardian understand that no financial compensation will be received for providing this consent or for the use of the Media.
- **Right to Revoke:** This consent remains active indefinitely unless formally revoked. You have the right to revoke this consent at any time by sending a written notice to the Ponca Tribe of Nebraska NAYEP Coordinator/Education Department. We will stop using any future Media immediately, but we cannot remove materials that have already been published or distributed, and we cannot return any media provided to the **(PTN)**.

4. Signatures

Participant Information (Youth, Ages 13–18)

Field	Response
Participant's Full Printed Name	
Participant's Signature	
Date	
Participant's Phone and Email	

Parent/Legal Guardian Information

Field	Response
Guardian's Full Printed Name	
Guardian's Relationship to Participant	
Guardian's Signature	
Date	
Guardian's Phone and Email	

5. Testimonial

Below, in your own words, please provide a short paragraph of your experience at the NAYEP and please indicate which form of delivery you are consenting to. If you agree to video, auto recording, and all, please remember to submit your media with this form, thank you.

Written _____ Video _____ Audio Recording _____ All _____

For NAYEP Staff Use Only

NAYEP Coordinator Signature _____

Date Received _____

NAYEP Director of Education Signature _____

Date Received _____