



YOUTH INITIATIVES PROGRAM APPLICATION

STUDENT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email Address:

Date of Birth:

SS#:

Tribal ID#:

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:

- ☐ Art Contest (Does not have to be a school project)
- ☐ Attendance Incentive (Applies to the entire school year)
- ☐ Essay/Poetry Contest (Also does not have to be a school project)
- ☐ Graduation Incentive (Available to senior high school students only)
- ☐ 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: