

YOUTH

NATIVE AMERICAN ENTREPRENEUR CAMP

2011

Training Entrepreneurs, Growing Businesses, Building Communities

Please type or print legibly. Complete the entire application and do not leave any spaces blank. Note: (*) indicates required information.

STUDENT INFORMATION:

First Name		Middle Name	Last Name	
Mailing Address (Street / PO Box)		City / Town	State	Zip Code
* Home / Message Phone ()		*Applicant's Cell Phone (if applicable) ()		*Email Address
*Gender (Please Circle) Male Female	*Date of Birth / /	* Tribal Affiliation(s)		
** REQUIRED: Applicant must submit a copy of their Certificate of Indian Blood or a Tribal Enrollment card with applicant's name and enrollment Number. Please initial you have read and understand this requirement. →				Initial Here: _____

HIGH SCHOOL INFORMATION:

High School Name (Location of School, City, State)				
School Address		City	State/Providence	Zip Code
Principal's Name		Counselor's Name	Phone Number ()	Cumulative GPA
Class Status (for the 2011-12 school year) Circle One:		Junior Senior H.S. Graduate (May 2010)		
** REQUIRED: Applicant must write a 1-page essay on the topic "My Community in Year 2021" . Please initial that you have read and understand the instructions. →				_____

PREVIOUS ACADEMIC PROGRAMS ATTEND OR CLUB MEMBERSHIPS

Program	Location	Month / Year

LIST ANY PREVIOUS BUSINESS/COMPUTER CLASSES TAKEN

Program	Location	Month Year
Your skill level in using Microsoft WORD & EXCEL 2008 Circle One:		None Basic Good High

PARENT/GUARDIAN INFORMATION:

MOTHER / FEMALE GUARDIAN INFORMATION:		
Name (First Name, Last Name)		
Mailing Address (City, State, Zip)		
Work Phone Number	Home Phone Number	Mobile Number
()	()	()
FATHER / MALE GUARDIAN INFORMATION:		
Name (First Name, Last Name)		
Mailing Address (City, State, Zip)		
Work Phone Number	Home Phone Number	Mobile Number
()	()	()
EMERGENCY CONTACT INFORMATION: (Contact person MUST have a phone number)		
Name	Relationship to Applicant	Phone Number
(1)		
(2)		
* Will student bring a personal vehicle to the camp? (<i>circle one</i>)		YES NO (Refer to the student/Parent/Guardian Agreement Form)

PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT

* Parents/Guardian please read and initial your name stating that you have read the statement	
Initial Here: <input type="checkbox"/>	I, the undersigned, do hereby give my full consent for my child to participate in the Native American Youth Entrepreneur Camp, and release The University of Arizona and its respective officers, employees, and agents from and against all claims, actions, costs, damages and expenses which may result from or be in any way related to my child's participation in the Native American Youth Entrepreneur Camp.
<input type="checkbox"/>	Should any accident occur requiring medical care for my child, I give full consent and authorization for the Native American Youth Entrepreneur Camp staff to provide and/or seek first aid, hospital, and professional care by a licensed physician(s). Further, I hereby grant permission to all use of photographs, videotapes, recordings and any other records for this event for promotional purposes only.
<input type="checkbox"/>	I hereby grant permission to all use of photographs, videotapes, recordings and any other records for this event for promotional purposes only.
<input type="checkbox"/>	I understand that there is a \$25.00 non-refundable processing fee, a \$750 Tuition fee which includes room and board, and that a 50% deposit of \$375 (of which \$50 is non-refundable) is required to ensure a space at the camp. If accepted to the camp, I will pay the remaining registration fee within 2 weeks of receiving acceptance notification. I understand that if full payment is not received by July 5, 2011 , it will be assumed that my child is NOT planning to attend, and his/her space may be given to another student on the waiting list. Cancellations before July 18, 2011 , are refundable but do not include the incurred processing fee of \$50.00. Parent/guardian must sign for minors and high school graduates.

Name of Parent/Guardian (please print)	* Signature	Date
When we receive your deposit, a confirmation letter will be mailed to you along with an information packet. For questions concerns, or contact the Native Nations Institute at (520) 626-0664 or email nni@email.arizona.edu		

For office use only:

Date Rec'd: ___/___/___ Date entered in DB ___/___/___ by: _____ Amount rec'd \$ _____ Ck MO PO Ltr CC