

NATIVE AMERICAN YOUTH ENTREPRENEUR CAMP 2008

UNIVERSITY OF ARIZONA CAMPUS – TUCSON, ARIZONA



◆ APPLICATION ◆

Camp 12: July 20-25, 2008



Please type or print legibly. Complete the entire application and leave no blank spaces.

STUDENT INFORMATION

Applicant Name: _____
First Name M.I. Last Name

Mailing Address: _____
Street/Box No. City/Town State Zip

Home/Message Phone: (____) _____ Email Address: _____

Female Male Social Security No.: _____ Birth date: _____

Tribal Affiliation: _____ Enrollment No.: _____
Please attach CIB

HIGH SCHOOL INFORMATION

High School Name: _____ Phone: (____) _____

Mailing Address: _____
Street/Box No. City/Town State Zip

Principal's Name: _____ Counselor's Name: _____

Class Status (for 2008-2009 school year): 11th grade 12th grade H.S. Graduate (Spring 2008)
Cumulative GPA: _____ *Applicants must attach a 1-page essay with application on "My Community in the Year 2018."*

PREVIOUS ACADEMIC PROGRAMS ATTENDED OR CLUB MEMBERSHIPS

PROGRAM	LOCATION	MONTH/YEAR

LIST ANY PREVIOUS BUSINESS/COMPUTER CLASSES TAKEN

PROGRAM	LOCATION	MONTH/YEAR

Circle your level of skill in using MS Word: None Basic Good High

PARENT/GUARDIAN INFORMATION

Mother/Female Guardian: _____
First Name Last Name

Home Phone: (____) _____ Work Phone: (____) _____

Mailing Address: _____
(Fill out only if different from applicants)

Father/Male Guardian: _____
First Name Last Name

Home Phone: (____) _____ Work Phone: (____) _____

Mailing Address: _____
(Fill out only if different from applicants)

EMERGENCY CONTACT INFORMATION

Emergency contact person(s), OTHER THAN PARENTS, must have a telephone number:

NAME	RELATIONSHIP	HOME #	WORK #

PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT

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.

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. Further, I hereby grant permission to any and all foregoing to use photographs, videotape, recordings and any other records of this event for promotional purposes only.

I understand that there is a \$25 non-refundable processing fee, a \$650 registration fee and that a 50% deposit of \$325 (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 1, 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 14 are refundable less a processing fee of \$50, and thereafter are non-refundable. 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 or concerns, contact Monica Agar at (520) 626-0664.