

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES

Student Program Application

CHECKLIST

Make sure you have enclosed the following materials:

- Letter of Reference**
- Completed Application**
- Essay must be attached to have a complete package**
- Signed Student/Parent Contract, Signed Picture Release Statement**

APPLICATION CLOSING DATE IS April 30, 2017

**PLEASE MAKE SURE THAT YOUR APPLICATION AND ALL MATERIALS are e-mailed to
brant.joann@epa.gov NO LATER THAN April 30, 2017**

SAIGE Student Youth Program Application for Admission

Name: _____

Address: _____ City: _____ State ___ Zip _____

Phone: _____ Birthdate/Age: _____

Cell # _____

School _____ Grade (Next Fall): _____

Email- please print _____

Tribal Affiliation _____

Name/Phone of Parent or Guardian if under 21yrs old:

Name/Phone Emergency Contact: _____
(If Different)

Nearest airport to your residence: _____

T-Shirt Size: XS S M L XL XXL

Special Needs or Dietary Restrictions: _____

PLEASE WRITE A SHORT ESSAY ON A SEPARATE SHEET THAT INCLUDES:

- Your interests and activities.
- Your educational goals and interests.
- What agency/department of the federal government would you like to learn more about and why?
- What professions/career fields are you most interested in and why?
- What strengths do you have to offer your tribe/community/workplace?

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES

Student Youth Program and Conference

Letter of Recommendation

Student: Please give this to an adult who knows you and who is familiar with your schoolwork, interest in government employment, or work qualities (for example, a teacher, job supervisor, tribal leader, elder, etc. NOT A RELATIVE).

Respondent: The individual named on this form is being considered for participation in the National Society of American Indian Government Employees (SAIGE) Conference Youth Program. The Youth Program Conference provides Native American students an opportunity to learn about careers within the Federal Government, to meet American Indian and Alaska Native federal employees, and to gain first hand experience in understanding the positive role that Native employees can play in enabling their respective agencies to better fulfill the federal trust responsibility and honor the unique federal-tribal relationship. **PLEASE ADDRESS THE QUESTIONS LISTED BELOW ON A SEPARATE SHEET OF PAPER, OR USE THEM AS A GUIDELINE IN WRITING A LETTER OF RECOMMENDATION FOR THE STUDENT.**

Your letter is confidential: **Please note the deadline for receiving applications and related materials. Please email application and letter of recommendation to brant.joann@epa.gov.** Any questions, please phone her at: 202.564.0375

Applicant's Name _____

- 1) How well and for what length of time have you known the applicant?
- 2) Please describe the applicant's attitude toward school & education.
- 3) Has the applicant discussed his/her career goals with you? What are they?
- 4) Please include any additional information or comments that might help us evaluate the applicant's qualifications, i.e. strengths, experience.

Signature
Of Respondent: _____

Name & Title
Of Respondent: _____

Address: _____

Phone: _____ E-mail _____

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES
Youth Program and Conference
Student Contract

Acceptance to the SAIGE Student Youth Program Conference is a privilege, and it also requires students and parents to assume certain responsibilities.

STUDENT: I, _____, as part of the Society of American Indian Government Employees National Conference and Youth Track agree to abide by the following policies:

1. I will participate in, and be on time to, all sessions and activities unless excused by a staff member.
2. I will conduct myself as an adult and be respectful and courteous as a representative of my Tribe.
3. If attending from out of town, I will sleep where assigned, recognizing that I may be required to share hotel accommodations with people I have never met.
4. **I will not use drugs or alcohol during the Youth Program and I will adhere to the assigned curfew and other rules.**
5. **I understand that all forms of violence, harassment and discrimination are prohibited.**
6. I understand that I will be held responsible and will provide payment for any damage to equipment or facilities if such damage is attributable to me/my actions.
7. I understand that there must be quiet time between midnight and 5:30 am.
8. I will adhere to these and all other rules of the SAIGE Youth Program Conference. **I understand that violations of this Student Contract will result in my dismissal from the SAIGE Youth Program Conference, and I will be sent home immediately. I agree that I will be responsible for any and all costs and expenses associated with my return home, requiring that I repay travel expenditures made by SAIGE prior to travel, including but not limited to, the cost of travel (airline tickets; airline ticket change fees; prepaid accommodation expenses, etc.).**

Signature of Student: _____

Date: _____

Picture Release Statement: I hereby give permission for my picture to be taken in connection with the Society of American Indian Government Employees (SAIGE) Youth Program Conference and to be used in newspapers, television, magazine articles, videos and related media concerning the Conference without compensation.

Signature of Student: _____

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES

Youth Program and Conference

EMERGENCY INFORMATION and PARENT CONTRACT

(To be filled out by the parent/guardian if under 21 yrs.)

Student Name _____ Phone: _____

Address: _____ City: _____ State ____ Zip _____

Parent/Guardian: _____ Work Phone: _____

Relationship to Student: _____

Physician Name & Address: _____ Phone: _____

Medical Coverage: _____

Insurance/Group Number and Information: _____

Is your son/daughter eligible for contract health care coverage from IHS? _____

IHS Clinic Name and Phone: _____

Does your son/daughter have any physical disabilities? (Explain)

Does your son/daughter wear glasses or contact lenses? ____ Have Allergies? (Explain) _____

Hay Fever? _____ Sinus Problems? _____ Allergies to Bites/Stings? _____

Has your son/daughter had any major illnesses in the past 5 years? _____

Is your son/daughter currently taking any medication? _____

Does your son/daughter require any special (emergency) medication? _____

Please list any other information which you feel is important:

PARENT/GUARDIAN: I have read, understand and agree with the above terms. Permission is given for my son/daughter to participate in all activities and events, and for them to receive all necessary medical attention should the need arise, with the understanding that I will be notified as soon as possible. Furthermore:

1. I understand that the Society of American Indian Government Employees (SAIGE) or their designated chaperones/mentors will not be responsible for any theft, accident, injury, or illness where my son/daughter is concerned.
2. I give permission for any chaperone or staff member to render first aid if necessary.
3. I understand that as part of my son's/daughter's application, this STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
4. I understand that my son/daughter will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that no violence, and no drug or alcohol use are permitted. If my son/daughter is caught under the influence, he/she will be sent home immediately. I understand that any violations of the rules and policies of the SAIGE Youth Program Conference may result in dismissal from the Conference, and my son/daughter will be sent home immediately. I agree that I will be responsible for any and all costs and expenses associated with my son's/daughter's return home, requiring that I repay travel expenditures made by SAIGE prior to travel, including by not limited to, the cost of travel (airline tickets; airline change fees; prepaid accommodation expenses, etc.).

Parent/Guardian Signature: _____

Date: _____

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Signature of Parent/Guardian: _____ Date: _____