2016 Summer Youth Academy
Haa Kusteeyí Haa Tuwunáagux Sitee
Our Way of Life Will Heal Our Spirits

For students entering grade 9 through grade 12 and graduating seniors

Dates: June 12 – 25 2016
Locations: Methodist Camp
and
University of Alaska, Southeast

Please Apply Early!
Only 40 applicants will be accepted according to the date received.
Due date for application and all required documents is May 27, 2016

Requirements for submitting applications:
□ Complete application
□ Copy of high school transcripts

To return applications, either mail paper applications or email digital copies:

Mail:
ATTN: Lyle James
Goldbelt Heritage Foundation
3200 Hospital Drive, Suite 203
Juneau, Alaska 99801

E-Mail:
lyle.james@goldbelt.com

Course is sponsored by Goldbelt Heritage Foundation through the Alaska Native Education Program Grant Award #356A140024 “Haa Tlaagu, Haa Yoo X’atangi” from the US Department of Education; and through the Administration for Native Americans Grant Award #90NL058901 “Lingit Yoo X’atangi dei Deiyi: Pathway to Lingit Language Fluency”

Return Applications by May 27, 2016. Only 40 applicants will be accepted.
Goldbelt Heritage Foundation
3200 Hospital Drive, Suite 203
Juneau, Alaska 99801
E-mail: lyle.james@goldbelt.com
Phone: (907) 790-1423
**Student Information**

| Type of Applicant: ☐ New ☐ Returning |
|-----------------|-----------------|
| Last Name:      | First Name:     | M.I.:           |
| ☐ Male          | ☐ Female        | Date of Birth:  |
| Social Security Number (MANDATORY): |
| Mailing Address: | Phone Number:   |
| City            | State           | Zip             |
| E-mail Address:  |
| Name and location of High School (or middle school) you attend: |
| Grade next year: |
| Are you a Goldbelt Shareholder? ☐ Yes ☐ No |
| Goldbelt Shareholder ID #: |
| If No: Are you a Goldbelt Shareholder descendent? ☐ Yes ☐ No |
| Relationship:   |
| Name:           |
| Provide a legal document i.e. descendant’s birth certificate, or court adoption papers. |
| Tribal Affiliation: ☐ Tlingit ☐ Haida ☐ Tsimshian ☐ Other: ________________ |
| Degree of Indian Blood: ________ |
| Have you participated in other summer camps? ☐ Yes ☐ No |
| Specify:        |

I certify that the information provided in this application is true and complete to the best of my knowledge and I understand that any misrepresentation or any concealment of information requested will be sufficient grounds for rejection of this application, removal of my eligibility, or loss of any scholarship awarded or received.

_________________________________________ ___________________________________________ __________
Applicant’s Printed Name                  Applicant’s Signature                Date

_________________________________________ ___________________________________________ __________
Parent/Guardian’s Printed Name             Parent/Guardian’s Signature           Date

**Student Guidelines**

I, _______________ (student name), agree to attend the full term of the Pathway to Tlingit Language Fluency Academy. I will not leave for any reason except family emergencies. I agree to remain drug, tobacco, and alcohol free during the academy. I agree to follow the rules, guidelines and schedules as established by the camp teachers, coordinators and mentors. I agree to participate in the camp activities to the best of my ability and to support my fellow students who will be attending the camp.

_________________________________________ ___________________________________________ __________
Applicant’s Printed Name                  Applicant’s Signature                Date

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Parent/Guardian Permission

I hereby give my child / dependent permission to:
- Participate in the Pathway to Tlingit Language Fluency Academy in June 2016.
- Stay in chaperoned dorm housing at the University of Alaska Southeast and Cabins at the Methodist camp.
  - Activities may include: hiking, canoeing, biking, and other activities designed to familiarize students with Juneau and Southeast Alaska.
- Travel in the University van or vehicles to and from activities/events.
- Travel in commercial busses to and from activities/events.
- Be taken to the nearest health facility in case of emergency.

To the best of my knowledge, my child/dependent is in good health and has no illnesses or communicable diseases which will interfere with the summer camp experience and/or living accommodations. All information included in this application is correct to the best of my knowledge.

_________________________  ___________________________  ___________________________
Parent/Guardian’s Printed Name  Parent/Guardian’s Signature  Date

Emergency Contact Information

<table>
<thead>
<tr>
<th>Participant’s full name:</th>
<th>D.O.B.</th>
<th>Age:</th>
<th>Sex:</th>
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<tbody>
<tr>
<td>Parent/Guardian (1):</td>
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<td></td>
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<tr>
<td>Address:</td>
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<td>Cell/home Phone:</td>
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<td>Email:</td>
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<td>Parent/Guardian (2):</td>
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<td>Address:</td>
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<td>Email:</td>
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<tr>
<td>Emergency Contact (other than parent or guardian listed above):</td>
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<td>Address:</td>
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Phone: (907) 790-1423
Medical Information and Agreement and Consent for Treatment

<table>
<thead>
<tr>
<th>Family Doctor:</th>
<th>Phone Number:</th>
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<tbody>
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<table>
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<tr>
<th>Family Health Plan Carrier:</th>
<th>Policy Number:</th>
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**Specific Medical Information:** (Goldbelt Heritage Foundation will take reasonable care to see that the following information will be held in confidence.)

- **Immunizations:** Date of last tetanus/diphtheria __________.
- **Allergic Reactions** (medications, foods, plants, insects, etc.):
  - __________________________________________________________________________________
- **Is the student subject to chronic homesickness, emotional reactions, sleepwalking, fainting, etc?**
  - __________________________________________________________________________________
- **Is there a medically prescribed diet?**
  - __________________________________________________________________________________
- **Are there any physical limitations?**
  - __________________________________________________________________________________
- **Are there any special medical conditions:**
  - __________________________________________________________________________________

**Medications:** If your child is taking medications, please ensure that they bring all the necessary medications, and that they are well-labeled. Please include the names of the medications with concise directions for taking such medications, including dosage and frequency of dosage: ________________________________________________________________

**Select ONE:**

- [ ] **No medication of any type.** whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.
- [ ] **I grant permission for non-prescription medications** (such as aspirin, throat lozenges, cough syrup, etc.) to be given to my child, if appropriate.

**Medical Permission to Treat:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact the listed emergency contacts.

Parent/Guardian’s Printed Name ____________________________
Parent/Guardian’s Signature ____________________________
Date ______________

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Phone: (907) 790-1423
Field Trip and Travel Release

As the parent/guardian of ________________________________, I hereby Grant consent for him/her to participate in Goldbelt Heritage Foundation approved field trips for the Pathway to Tlingit Language Fluency Academy during the program dates June 12 – 25, 2016.

Parent/Guardian’s Printed Name ___________________________ Parent/Guardian’s Signature ___________________________ Date __________

Photo/Audio/Video Release Form

I hereby grant the Goldbelt Heritage Foundation permission to use my likeness in a photograph, audio or video recording on their website, www.goldbeltheritage.org for participation in activities funded through grants managed by Goldbelt Heritage Foundation. The purposes for sharing of these photos, video and audio recording is to preserve language and culture in addition to extending educational opportunity to community members. I have read this release before signing below and fully understand the contents, meaning, and impact of this release. Through this release, I waive any rights to further compensation for use of photos, videos or audio recordings. *this also pertains to the group photo*

Applicant’s Printed Name ___________________________ Applicant’s Signature ___________________________ Date __________

Parent/Guardian’s Printed Name ___________________________ Parent/Guardian’s Signature ___________________________ Date __________

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Family Questionnaire
We will be learning proper Tlingit Introductions at the Pathway to Tlingit Language Fluency Academy from the Sealaska Heritage “Who Am I?” Unit. Please complete the following survey.

*It is okay if you cannot answer all of the question; answer to the best of your knowledge*

- **Name / I Saayi:**
  - Waa sá i duwasaakw?
  - What is your Tlingit/traditional name? _______________________________
  - What is your English name? _______________________________

- **Moiety:**
  - Yéil kaach'ú ch'áak' ákyáa wa.é?  [ ] Ch’áak’ (Eagle)  [ ] Yéil (Raven)
  - Are you Eagle or Raven?

- **Clan:**
  - Daakw naa sá wa.é?
  - What clan are you? (refer to list below)_____________________________

- **Clan House / Naakahídí:**
  - _______________________________ hítdáx áyá xát.

- **Village / Kwáan, the traditional land of your clan house**
  - _______________________________ kwáan áyá xát.

- **Father’s Clan** –
  - Daakw naa sá i éesh?
  - Who are your father’s people? (refer to list below)__________________________

- **Father’s Clan house:**
  - Daas sá I eesh du hídi?
  - What is your father’s clan house? _______________________________

- **Grandfather’s Clan:**
  - Daakw naa sá i leelk’w?
  - What is your grandfather’s clan? _______________________________

- **Grandfather’s Clan house:**
  - Daas sá I leelk’w du hídi?
  - What is your grandfather’s clan house? _______________________________

- **Ch’áak’ (Eagle) Side (Examples):**
  - Chookaneidi / Dakl’aweidi / Kaagwaantaan / Naanyaa.aayi / Naasteidi / Shangukeidi / Teikweidi / Tsaaqweidi / Wooshkanteetan / Yanyeidi

- **Yéil (Raven) Side (Examples):**
  - Deisheetaan / Gaanax.ádi / Gaanxteidi / Kiks.ádi / Kaach.ádi / L’eeneidi / Lukaax.ádi / L’uknaax.ádi / Taakw.aaneidi / T’akdeintaan