

Goldbelt Heritage Foundation ~ Juneau School District ~ University of Alaska Southeast



Kashudooha



2018 Summer Youth Academy

Haa Kusteeeyí Haa Tuwunáagux Sitee

Our Way of Life Will Heal Our Spirits

For students entering grade 9 through grade 12 and graduating seniors

Dates: June 17 – July 1, 2018

Locations:

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 **June 7, 2018**

Requirements for submitting applications:

- Complete application
- Copy of high school transcripts

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

<p>Mail: ATTN: Lyle James Goldbelt Heritage Foundation 3200 Hospital Drive, Suite 203 Juneau, Alaska 99801</p>	<p>E-Mail: lyle.james@goldbelt.com</p>
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Return Applications by June 7, 2018. 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.:
<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Goldbelt Shareholder ID #:	
If No: Are you a Goldbelt Shareholder descendent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name:		Relationship:		
Provide a legal document i.e. descendant's birth certificate, or court adoption papers.				
Tribal Affiliation: <input type="checkbox"/> Tlingit <input type="checkbox"/> Haida <input type="checkbox"/> Tsimshian <input type="checkbox"/> Other: _____				
Degree of Indian Blood: _____				
Have you participated in other summer camps? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2018.
- Stay in chaperoned dorm housing at the University of Alaska Southeast and Cabins at the Methodist camp.
- Participate in all activities scheduled for Path to Excellence Academy.
 - 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

Participant's full name:	D.O.B.	Age:	Sex:
Parent/Guardian (1):	Cell/home Phone:		
Address:	Work Phone:		
	Email:		
Parent/Guardian (2):	Cell/home phone:		
Address:	Work Phone:		
	Email:		
Emergency Contact (other than parent or guardian listed above):	Cell/home phone:		
Address:	Work Phone:		
	Email:		

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Medical Information and Agreement and Consent for Treatment

Family Doctor:	Phone Number:
Family Health Plan Carrier:	Policy Number:

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

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Date

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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 17 – July 1, 2018.

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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Aadóo Sayáa Xát? – Who am I?

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 aa naax sá i satee?**
 - What clan are you? (refer to list below) _____

- **Clan House / Naakahídi:**
 - _____ hítdáx áyá xat.

- **Goot'á kwáan sá wá.é?**
 - Where do your people come from?
 - _____ kwáan áyá xát.

- **Father's Clan and/ or Nationality – Daakw aa naax sá i éesh?**
 - Who are your father's people? (refer to list below) _____

- **Grandfather's Clan: Daakw aa naax sá i leelk'wu hás?**
 - What are your grandfather's clan and/ or nationality? _____

- **Ch'áak' (Eagle) Side (Examples):**
 - *Chookaneidí / Daql'aweidí / Kaagwaantaan / Naanyaa.aayí / Naasteidí / Shangukeidí / Teikweidí / Tsaagweidí / Wooshkeetaan / Yanyeidí/ Was'aneidi...*
- **Yéil (Raven) Side (Examples):**
 - *Deisheetaan / Gaanax.ádi / Gaanaxteidí / Kiks.ádi / Kaach.ádi / L'eeneidí / Lukaax.ádi / L'uknax.ádi / Taakw.aaneidí / T'akdeintaan/ Ishkeetaan/ Yaxteitaan...*

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