



PONCA TRIBE OF NEBRASKA
Department of Education
YOUTH INITIATIVES PROGRAM

STUDENT			
NAME:			
ADDRESS:		PHONE:	
CITY:		STATE:	ZIP:
DATE OF BIRTH:	MONTH:	DAY:	YEAR:
SS#:		TRIBAL ID#:	
EDUCATION			
SCHOOL:			
ADDRESS:			
CITY/STATE/ZIP:			
SCHOOL YEAR:			
GRADE IN SCHOOL:			
HONORS (OPTIONAL):			
AREA(S) OF PARTICIPATION			
CHECK ONE OR MORE OF THE FOLLOWING:			
<input type="checkbox"/> ART CONTEST (DOES NOT HAVE TO BE A SCHOOL PROJECT)			
<input type="checkbox"/> ATTENDANCE INCENTIVE (APPLIES TO THE ENTIRE SCHOOL YEAR)			
<input type="checkbox"/> ESSAY/POETRY CONTEST (ALSO DOES NOT HAVE TO BE A SCHOOL PROJECT)			
<input type="checkbox"/> GRADUATION INCENTIVE (APPLIES TO SENIOR HIGH STUDENTS ONLY)			
<input type="checkbox"/> STUDENT OF THE MONTH (DOCUMENTATION OF ACTIVITIES/HONORS REQUIRED)			
NEWSLETTER ARTICLE			
IF RECOGNIZED IN ANY OF THE ABOVE AREAS, I GIVE PERMISSION FOR MY (CIRCLE ONE) SON/DAUGHTER TO BE ACKNOWLEDGED IN THE TRIBAL NEWSLETTER. <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRIBAL ENROLLMENT VERIFICATION			
I HEREBY GIVE THE EDUCATION DEPARTMENT PERMISSION TO UPDATE RELEVANT INFORMATION WITH THE ENROLLMENT DEPARTMENT AND TO OBTAIN A COPY OF MY (CIRCLE ONE) SON/DAUGHTER'S TRIBAL CENSUS CERTIFICATE. <input type="checkbox"/> YES <input type="checkbox"/> NO			
LINEAL DESCENDANCY (OPTIONAL)			
PARENTS/GUARDIANS:			
GRANDPARENTS:			
GREAT GRANDPARENTS:			

SIGNATURE OF PARENT/GUARDIAN

DATE