



EARLY COLLEGE HIGH SCHOOL
PATH TO EXCELLENCE ACADEMY APPLICATION

Aan yátx'u sáani deiyí
Noble Peoples path

Dates: July 5th through 15th 2011

For High School Youth entering grades 9-12th.

Goldbelt Heritage Foundation congratulates you on the pursuit of your educational endeavors. Thank you for your interest in our Early College High School Path to Excellence Academy. Please be certain to include all required documentation with your application. If you have any questions regarding the following, please contact us.

REQUIREMENTS FOR SUBMITTING APPLICATIONS

1. Complete Application
2. Copy of high school transcripts.

Goldbelt Heritage Foundation

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Please Apply Early!

Applications must be received by
May 20th, 2011.

Only 40 applicants will be awarded
according to the date received.

**GOLDBELT HERITAGE FOUNDATION
PATH TO EXCELLENCE ACADEMY APPLICATION
DUE DATE FOR RECEIPT OF APPLICATION AND ALL REQUIRED DOCUMENTS:
MAY 20, 2011 (POSTMARK WILL NOT BE ACCEPTED)**

Type of Applicant: New Re-Applying

Student Information			
1. Last Name	First Name	M.I	2. Social Security Number:
3. Mailing Address:			4. Phone Number(s):
City	State	Zip	5. Email Address:
6. <input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___	Grade Next Year: _____
7. Name and Location of High School you attend:			
8. Are you a Goldbelt Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gold Belt Shareholder ID Number:			
9. Complete this section if you are not a Goldbelt shareholder.			
Are you a Gold Belt Shareholder descendent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Provide a legal document i.e. <u>descendant's</u> birth certificate, or court adoption papers.			
Also provide Gold belt shareholder's name and specify your relationship to that shareholder.			
Name:		Relationship:	
10. Tribal Affiliation: Tlingit: <input type="checkbox"/> Haida: <input type="checkbox"/> Other: <input type="checkbox"/> _____ Degree of Indian Blood: _____			
11. 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 Signature: _____ Date: _____

Applicant's Parent's Signature: _____ Date: _____

Student Signature and Agreement to ECHS Path to Excellence Guidelines:

I, _____ (student name), agree to attend the full term of the Path to Excellence Academy. I will not leave for any reason except for family emergencies. I agree to remain drug/tobacco/ and alcohol free during the camp. 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.

High School Student Applicant's Signature

Date

**Parent / Guardian Permission to attend the ECHS Path to Excellence
Academy Including:**

I hereby give my child / dependent permission to:

1. Participate in the Path to Excellence Academy in July 2011.
2. Stay in chaperoned dorm housing at the University of Alaska Southeast.
3. 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.
4. Travel in the University van or vehicles to and from activities/events.
5. Travel in commercial buses to and from activities/events.
6. 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.

Signature of Applicant's Guardian

Date

Field Trip/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 Math & Science Academy during the program dates July 5th – 15th, 2011.

Signature of Applicant's Guardian

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 Gold Belt 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.

Participant's Printed Name: _____

Date: _____

(Participant's Signature)

Parent/Guardian's Printed Name: _____

Date: _____

(Parent/Guardian's Signature)

Emergency Contact /Medical Release Information:			
Participant's full name:	D/O/B	Age:	Sex:
Mother's Name:	Cell/home Phone:		
Address:	Work Phone:		
	Email:		
Father's Name:	Cell/home phone:		
Address:	Work Phone:		
	Email:		
Second Emergency Contact (Other than Parent(s) or Guardian Listed Above:	Cell/home phone:		
Address:	Work Phone:		
	Email:		

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name (Alternative Emergency contact):	Relationship:	Phone:
Family Doctor:	Phone Number:	
Family Health Plan Carrier:	Policy Number:	

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications, will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

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.

Signature: _____ Date: _____

I grant permission for non-prescription medications (such as aspirin, throat lozenges, cough syrup, etc.) to be given to my child, if appropriate.

Signature: _____ Date: _____

Specific Medical Information: (Gold Belt Heritage Foundation will take reasonable care to see that the following information will be held in confidence.)

Allergic Reactions: (medications, foods, plants, insects, etc.)

Immunizations: Date of last tetanus/diphtheria

Is student subject to chronic homesickness, emotional reactions, sleepwalking, fainting?

Medically prescribed diet?

Any physical limitations?

My child has the following special medical conditions:

Aadóo Sáyá Xát?

Who Am I?

Family Questionnaire

We will be learning proper Tlingit Introductions at the ECHS Path to Excellence Academy from the Sealaska Heritage “Who Am I?” Unit. Please complete the following survey. Don’t worry if you can not answer all of the questions.

• **Name - Saa:**

Waa sá i duwasaakw?

What is your name? _____

What is your Tlingit/traditional name? _____

• **Moiety:**

Yéil kach'u ch'áak' ákyá wa.é?

ch'áak' (Eagle) *Yéil* (Raven)

Are you Eagle or Raven?

• **Clan:**

Daakw naa sá wa.é?

What clan are you? (List below if needed) _____

• **Clan House –Naakahídi:**

_____ *hítdáx áyá xát.*

• **Village- Kwaan the traditional land of your clan house**

_____ *kwáan áyá xát.*

• **Father’s Clan –**

Daakw naa sá i éesh?

Who are your father’s people? (See list below if needed) _____

Father’s Clan house:

I eesh du hidee?

What is your father’s clan house? _____

• **Grandfather’s Clan:**

Daakw naa sá i leelkw?

What is your grandfather’s clan? _____

Grandfather’s Clan house:

I leelk’woo hidee?

What is your grandfather’s clan house? _____

Clan Names: ch'áak' (Eagle) Side

Chookaneidí / Dakl'aweidí / Kaagwaantaan / Naanyaa.aayí / Naasteidí / Shangukeidí / Teikweidí / Tsaagweidí / Wooshkeetaan/ Yanyeidí

Yéil (Raven) Side

Deisheetaan / Gaanax.ádi / Gaanaxteidí / Kiks.ádi / Kaach.ádi / L'eeneidí / Lukaax.ádi / L'uknax.ádi / Taakw.aaneidí / T'akdeintaan