

**Native American Youth Leadership Academy
(NAYLA)
Western Washington Native American Education Consortium
Seattle Public Schools Student Application
2021-2022**

SPS Native Education NAYLA Coordinator: Lauren Nabahe

**“Let us put our minds together and see what life we can make for our children”
Sitting Bull, Hunkpapa Sioux**

Mission: We are Native American youth sharing the pride of our culture through education; building community through healthy relationships and service to the communities we live and serve in.

Student Information:

Student Name (First, Middle, Last):

Mailing Address:

City: State: Zip:

Phone (Home):

Student Cell:

Student Email:

Birth date:

Gender Identity:

School:

Grade:

Tribal Affiliation(s):

Parent Information

Parent/Guardian Name:

Work / Cell Phone:

Mailing Address (if different from above) City,

State, Zip Code:

Emergency Contact Information

Who do you wish us to contact in an emergency?

Phone:

Address:

City, State, Zip:

Relationship:

STUDENT STATEMENT OF INTEREST AND COMMITMENT

Please tell us why you want to participate in the NAYLA Academy:

What would you like us to know about you? / Special skills you might be able to share?

What do you hope to gain through your participation in the NAYLA? What goals have you set for yourself this school year?

Are you willing to lead/facilitate a group discussion, activity or presentation during NAYLA?

Yes No Unsure

Are you involved in any community service projects in your school/community, or are you interested in starting one?

Yes No Unsure

Commitment to Attendance:

The NAYLA requires its participants to be committed to attending all conferences/academy sessions/events/activities/workshops that are provided to students in this academy. Is there anything that would interfere with your ability to complete this academy, please explain?

In our experience and wisdom, students who make a genuine attempt to keep their word – to themselves and others, fulfilling their obligations, invest in their education, personal growth; experiences and development tend to open more doors for themselves providing opportunity and experiences that will enable you to grow for the rest of your life. Life is a continuous learning, growing, living event.

Remember

“You are only as limited as your thinking”

Statement of Commitment:

As a student participant in the Native American Youth Leadership Academy, I agree to the commitment of attendance to **all** academy sessions/events/activities/workshops that are provided to students in this academy (outside of any unforeseeable obligation) and will give my best in participation.

_____ Date: _____
Student Name

_____ Date: _____
Parent Signature

Eligibility:

My child has a valid 506 form on file with the SPS Native American Education Department

Yes No Please find it attached.

Consent:

I hereby grant permission for my child’s picture to be taken and used to promote, teach and educate about the Native American Leadership Academy Program to future academy students, Western Washington Native American Education Consortium trainings, teaching and conferences, grant funding sources and the school communities we represent. In addition, directory information, program evaluation and research data can be shared within the Academy and will not be shared outside the organization.

_____ Date: _____
Student Name

_____ Date: _____
Parent Signature

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335