



☐ NEW STUDENT

☐ RETURNING STUDENT LIST YEAR(S) ATTENDED) \_\_\_\_\_

**2018 APPLICATION FORM**

PLEASE FILL OUT OR CHECK ALL APPROPRIATE INFORMATION

Student Name (First, Middle, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Age at Start of KONAWEY 2018: \_\_\_\_\_ Birth date: \_\_\_\_\_ ☐ Male ☐ Female

School: \_\_\_\_\_ School District: \_\_\_\_\_ County: \_\_\_\_\_

Grade Completed in June, 2018: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Anticipated High School Graduation Year: \_\_\_\_\_

Tribal Affiliation(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Business: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Business: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about KONAWEY NIKA TILLICUM? ☐ Friend/Sibling ☐ School ☐ Internet ☐ Newsletter

KONAWEY NIKA TILLICUM covers participation fees for as many students as possible through grant and donation funds. We do ask for help with partial or full student tuition if families are able. Many students may be eligible for state, federal or tribal funding. Please contact KONAWEY NIKA TILLICUM for assistance in identifying tribal funding sources if you think your child may be eligible.

Will your family be able to contribute to the tuition? ☐ Yes ☐ No Amount: \_\_\_\_\_

**All households must pay a registration fee of \$75 upon acceptance into the program.**

**BE SURE TO TURN OVER APPLICATION AND COMPLETE PAGE 2**

RETURN COMPLETE APPLICATION PACKET TO:

KONAWEY NIKA TILLICUM 2018 – PRE-COLLEGE YOUTH PROGRAMS, SOUTHERN OREGON UNIVERSITY  
1250 SISKIYOU BLVD. - ASHLAND, OREGON 97520 PHONE: (541) 552-6452

For additional information check the Konaway Nika Tillicum Web Pages at: [www.inside.sou.edu/natam/konaway](http://www.inside.sou.edu/natam/konaway)

**ALL STUDENTS**  
**STUDENT INTERESTS**

*Please describe any of the following interests and experiences that would help us better understand you.*

**Special Interests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Leadership Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Service:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Awards:** \_\_\_\_\_

\_\_\_\_\_

**NEW STUDENTS ONLY**

**STUDENT STATEMENT OF INTEREST AND COMMITMENT**

*Please tell us why you would like to attend KONAWAY NIKA TILLICUM.*

*(Use space provided and please write at least one paragraph OR you may provide a separate typed essay.)*

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\_\_\_\_\_



## Student Recommendation Form

*Name of student:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Current grade of student* \_\_\_\_\_

We value your professional opinion in our assessment of this student.

**Please return this recommendation to the SOU Youth Programs Office at:**

**1250 Siskiyou Blvd, Ashland OR 97520**

Recommendation should be in a sealed envelope with your signature across the sealed flap. Please complete it in a timely manner, as the student's application is not complete without it. Applications are due **by May 11, 2018**. Thank you for taking time to fill out this form.

Date: \_\_\_\_\_

Name of reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you know this student? \_\_\_\_\_

2. In what capacity have you known this student?

Teacher

Community Leader

Other, please specify: \_\_\_\_\_

3. Tell us any Special attributes this student has that need to be taken in to consideration.

4. To be considered for Konaway Nika Tillicum, students must show a personal commitment to attend and participate. How has this student shown interest, specifically related to the program?

5. Students must also demonstrate at least one of the following. Please indicate which of these apply to the applicant:

Proven leadership ability

A special talent

Ability in the visual and performing arts

Creative or productive thinking ability

Give examples illustrating the categories checked above.

6. How can this student benefit from KONAWAY NIKA TILLICUM?

7. Are there any behavioral characteristics (e.g., self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

8. Do you feel it would be beneficial for us to contact you by phone?    Yes    No

**Please return to:**  
SOU Youth Programs Office  
1250 Siskiyou Blvd.  
Ashland, OR 97520