



2020 Florida Indian Youth Program/Leadership Academy Application
July 11, 2020 – July 25, 2020

Welcome to the 2020 Florida Indian Youth Program (FIYP/LA)

Florida Governor's Council on Indian Affairs, Inc., a non-profit organization, is sponsoring the Florida Indian Youth Program/Leadership Academy as a two-week, college preparatory and exploratory program. FIYP/LA is specifically designed for Native American, Alaska Native, and Native Hawaiian students who will travel, study, and live in Tallahassee, FL and will be under 24-hour supervision by FIYP/LA counselors and staff. The FIYP/LA students will experience a "snapshot" of daily campus life at one of the fine Tallahassee university residence halls and attend classes at one of the leading Tallahassee College campuses. The staff will plan an experiential, career focused academic enrichment program, based on each student's interests, and will expose the students to a wide-range of educational and employment opportunities available after high school graduation. In the evening, FIYP/LA students and counselors will engage in social, athletic, and team building activities. Although it will be an intensive and challenging session, the program will awaken and cultivate each student's full potential toward becoming future 'Indian Nation' leaders.

➤ **Choose the right program for you or your child:**

Florida Indian Youth Program (FIYP)

FIYP is a college preparatory and exploratory program for a student who will be a freshman or sophomore in high school and **at least fourteen (14) years of age by July 01, 2020.**

-OR-

Leadership Academy (LA)

LA is a college-bound experiential program that is project and field based for a student who will be a high school junior, senior, or is a recent high school graduate (GED accepted), **at least fourteen (14) years of age and no older than nineteen (19) years of age by July 01, 2020.**

Please send the completed application with ALL supporting documents to:

FIYP

625 N. Adams St.

Tallahassee, FL 32301

Or email to: forms@fgcia.org



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Required Documentation

Please send all documentation with your completed application as follows:

- Color Copy of Tribal Documentation OR Qualifying Documentation
- Color Copy of a Photo ID OR Driver's License (front and back)
- Color Copy of Student's Social Security Card (front and back)
*If the student doesn't have a Social Security Card, he/she must apply for one.
Send in the form/letter stating the student has applied for a Social Security Card.
When the student receives the New Card in the mail send in a color copy of both sides.*
- Color Copy of Health Insurance Card (front and back)
A student will not be accepted if he/she doesn't have valid health insurance.
- Copy of School Transcript OR Most Recent Report Card
- Personal Information Form Signed (Page 3)
- Student Health and Medical Consent Signed (Page 4)
- Waiver and Liability Release, Consent for Treatment, and Information/Photo Release Consent Form Signed (Page 5)
- Two (2) Written Essays by the Student (Page 6)
- 3 Recommendations - One Teacher Recommendations & Two Personal (Pages 7-9)

FIYP Office Contacts

Email: forms@fgcia.org

Mailing Address: 625 N Adams. St. Tallahassee, FL 32301

Toll-Free Number: 1-800-322-9186

Local Number: (850) 488-0730

If you have any questions concerning FIYP/LA and its application process, please reach out to the FG CIA, Inc. office through the above resources.

Important Dates

July 11, 2020 – Students Travel to Tallahassee

July 24, 2020 – FIYP Banquet (RSVP Encouraged)

July 25, 2020 – End of FIYP; Students go home

***Keep this page for your records**

Thank you for applying to the 2020 Florida Indian Youth Program!



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Choose one: FIYP OR LA

Personal Information

Student Name: _____ SSN: _____
First Middle Last Last 4 Numbers

Date of Birth: _____ Current Age: _____ Gender: Male Female

Mailing Address: _____
Street (include Apt #, etc.)

_____ *City County State ZIP Code*
Student Email Address: _____ Adult T-Shirt Size: _____

Tribal Affiliation: _____ Other: _____

Employment and Education Information:

Has the student worked within the past 6 months? Yes No Dates of employment: _____ to _____

Part-Time Full Time Type of Job and Title: _____

Hourly Wage: \$ _____ Hours per Week: _____ Start Date: _____

What grade were you in January 01, 2020 School Grade (Check One): 8 9 10 11 12 Other: _____

Please check the highest level of education desired:

High School Vocational/Occupational Certification College 2-yr Degree University 4-yr Degree Graduate School

Which program(s) of study or career is the student interested? (List three)

1. _____ 2. _____ 3. _____

Parent/Guardian Information:

Parent/Guardian Name: _____
First Middle Last

Address (If different from mailing): _____
Street (include Apt #, etc.) City State ZIP code

Parent/Guardian Email: _____ 24 hr. Phone Number: _____

Emergency Contact: _____ 24 hr. Phone Number: _____
Name and Relation to Student

Secondary Contact: _____ 24 hr. Phone Number: _____
Name and Relation to Student

➤ ***I certify that the information contained in this application is true and correct.***

Student Signature Date

Parent Signature (If applicant is under 18) Date



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Student Health and Medical Consent

Directions: Please complete the following questionnaire accurately. The Medical information you provide about yourself or your child is very important to us. We are required to follow health and wellness guidelines. Failure to provide your own, or your child’s existing medical condition(s) may put the student’s wellbeing at risk and may be ground for dismissal.

Student Name: _____

Parent’s/Guardian’s Home Address: _____

Street (include Apt #, etc.)

City

County

State

ZIP Code

Primary Care Physician: _____ **24 Hr. Phone Number:** _____

Does the student have any of the health conditions listed below or others? Yes No

Health conditions may include: asthma, heart problems, diabetes, eczema, physical disabilities, mental health issues, etc.

If yes, list: _____

Are there any activities the student should NOT take part in? Yes No

Activities may include: rollerblading, swimming, sports, trampolines, outside activities, etc.

If yes, list: _____

Does the student take any prescribed medication/over the counter (OTC) medication regularly? Yes No

If yes, list name/dosage/frequency: *(Prescribed medication and OTC must be in original packaging).*

Does the student have ANY allergies (medical/food/environmental)? Yes No

Allergies may include: Antibiotics, lactose intolerant, insects, etc.

If yes, list: _____

Does the student need an Epi-Pen? Yes No *(Students must provide an Rx prescribed Epi-Pen in original box).*

Does the student need Insulin? Yes No *(Students must bring their own Insulin).*

I hereby authorize the FIYP Lead Counselor/Staff to administer the following medications to my child when needed and WITHOUT contacting me or the guardian (If under 18): e.g., Tylenol, Advil, Motrin, Benadryl, etc. List all medications that apply:

I hereby DO NOT authorize the FIYP Lead Counselor/Staff to administer any medications to my child WITHOUT contacting me or the guardian first (If under 18).

***Disclaimer: A student without valid health insurance cannot be accepted into FIYP/LA.**

You **MUST** include a photocopy of the **front and back** of your health insurance card/Indian Health Service Card, in addition to this form.

CERTIFICATION

➤ ***I certify that the information contained in this form is true and correct.***

Student Signature

Date

Parent Signature (If applicant is under 18)

Date



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Waiver and Liability Release, Consent for Treatment,
And Information/Photo Release Consent Form

Directions: Read the below Waiver and Liability Release, Consent for Treatment Form carefully. Print in blue or black ink. Fill in information needed and sign at the bottom of the page.

Student/Applicant Name: _____

Parent/Guardian Name: _____

In consideration of the acceptance of my or my child's application for the Florida Indian Youth Program (hereinafter "Program"), I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or other damages which may hereafter occur to me or my child as a result of participation in said Program. This release is intended to discharge in advance Florida Governor's Council on Indian Affairs, Inc. (hereinafter "FGCIA"), its agents, trustees, officials, officers, employees, and volunteers from liability, even though that liability may arise out of the negligence on the part of persons mentioned above. I recognize that there are particular risks associated with the activities and, in order to participate in this Program, on my behalf, my child's behalf, and behalf of my and my child's heirs, executors, and assigns, I do hereby waive liability and release and forever discharge the FGCI and its agents, trustees, officials, officers, employees and volunteers from all manner of actions or cause of action, suits, debts, claims, for damages or injuries whatsoever, in law or equity, which I or my child might have against the FGCI, its agents, trustees, officials, officers, employees and volunteers, and assigns by reason of any cause or thing whatsoever. This release and waiver includes, but is not limited to, waiver of all claims, suits and causes of action based upon negligence or tortious acts or conduct by the FGCI, its agents, trustees, officials, officers, employees and volunteers. I realize that by virtue of this provision, I am waving specific rights of recovery for injuries or damages which I or my child may suffer and other rights which I or my child may have and have knowingly done so by execution of this waiver and release.

Consent for Treatment

I hereby give my consent to have the above applicant treated by medical personnel, including, but not limited to, a nurse, or a physician, in case of sudden illness or injury while participating in the Program put on by FGCI. It is understood that the cost thereof, including, but not limited to, medical transportation, will be at my sole expense. I agree and hereby give permission to the medical personnel selected by the Program or FGCI to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under HIPAA, and to provide or arrange necessary related transportation for the above-named person. I further agree and hereby give permission to the Program and FGCI to distribute health information to others only on a need-to-know basis and understand that the Program will otherwise endeavor to keep the medical information confidential.

Information/Photo Release Consent

I understand that, FGCI has permission to reprint all materials in publications such as their website, newsletter, appeal letters, brochures, and other current and future media that FGCI has deemed appropriate. I understand these publications may be distributed. This permission extends to the right to use student's name and photo/image. This permission extends to the right to quote or paraphrase all or any portion of the student's writings, projects, personal experiences, remarks and recollections. I hereby release and discharge FGCI and its licensees, successors, and assigns from all claims, demands, or causes of action that I may have against them by reason of anything contained in any of the above uses, including claims based on the right of privacy, the right of publicity, copyright, libel, slander, or any other right. I acknowledge that I am not entitled to receive any goods, services, or form of payment from FGCI and/or its licensees, successors, or assigns in exchange for the use of this information. I understand that FGCI will be the sole owner of all copyrights to said publications. I understand that this authorization has no expiration date.

➤ *I have read and understood the foregoing Waiver and Liability Release, Consent for Treatment, and Information/Photo Release Consent Form, for my, or my child's participation in the Florida Indian Youth Program/Leadership Academy, and I agree to all the terms and conditions.*

Student Signature

Date

Parent Signature (If applicant is under 18)

Date



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ESSAYS

Directions: Each student **must write two (2) essays** on the topics below. Include your full name and date on each page. The essays must be completed independently by the student, the student may use the back of this sheet or another piece of paper if needed. Completing the essay will be a qualifying factor in the student selection process for FIYP/ LA.

Essay 1

Explain your career goals and plans after high school.

Essay 2

Describe yourself and include activities you are involved in outside of school, sports, work, tribal community, hobbies, and responsibilities at home.



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Directions to the Student: Fill out this top portion before handing this page and the enclosed envelope to your teacher.

Student: _____ School: _____ Grade: _____

TEACHER RECOMMENDATION

Brief Program Description:

The Florida Indian Youth Program and Leadership Academy (FIYP/LA) is an away-from-home summer educational experience for approximately 35 Native American, Alaska Native, and Native Hawaiian youths each year, sponsored by the Florida Governor’s Council on Indian Affairs, Inc., a Florida non-profit corporation. The student will travel to Tallahassee and live in a residence hall on campus at Florida State University. During the two-week program, the student will take part in an exploratory academic and career project-based program. The program has been designed to increase: high school graduation, academic achievement, and pursue a career through higher education.

Directions to the teacher: Print in blue or black ink. You may attach an additional sheet or write on the back.

Do not return the form to the student. Mail directly to the FIYP/LA office at 625 N. Adams St. Tallahassee, FL 32301. Thank you!

Teacher’s Name: _____ Contact Number: _____ Email: _____

1. How long have you known the student? _____
2. What course are you teaching the student?

3. What is the student’s general attitude in your class?

4. Describe the student’s work ethic in your class.

5. Describe and explain the student’s ability.

6. How cooperative is the student when challenged with responsibility and/or leadership?

7. How does the student relate to authority and constructive criticism?

8. Additional Comments:

How would you recommend this student?

- | | |
|---|---|
| <input type="checkbox"/> I highly recommend this student. | <input type="checkbox"/> I recommend this student. |
| <input type="checkbox"/> I recommend this student with reservation. | <input type="checkbox"/> I <u>do not</u> recommend this student. |

➤ *I certify that the information contained in this form is true and correct.*

Signature: _____ Date: _____



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Directions to the Student: Fill out this top portion before handing this page and the enclosed envelope to the person making the recommendation.

Student: _____ Date: _____

PERSONAL RECOMMENDATION (NOT RELATED TO YOU)

Brief Program Description:

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Directions to the reference: Print in blue or black ink. You may attach an additional sheet or write on the back.

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Name: _____ Contact Number: _____ Email: _____

1. How long have you known the person? _____
2. How do you know the person?

3. What is the person’s general attitude?

4. Describe the person’s work ethic?

5. Describe and explain the person’s writing/reading ability.

6. How cooperative is the person when challenged with responsibility and/or leadership?

7. How does the person relate to authority and constructive criticism?

8. Additional Comments:

How would you recommend this student?

- | | |
|--|--|
| <input type="checkbox"/> I highly recommend this person. | <input type="checkbox"/> I recommend this person. |
| <input type="checkbox"/> I recommend this person with reservation. | <input type="checkbox"/> I <u>do not</u> recommend this person. |

➤ *I certify that the information contained in this form is true and correct.*

Signature: _____ Date: _____



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Name: _____ Contact Number: _____ Email: _____

1. How long have you known the person? _____
2. How do you know the person?

3. What is the person’s general attitude?

4. Describe the person’s work ethic.

5. Describe and explain the person’s scientific ability.

6. How cooperative is the person when challenged with responsibility and/or leadership?

7. How does the person relate to authority and constructive criticism?

8. Additional Comments:

How would you recommend this person?

- | | |
|--|--|
| <input type="checkbox"/> I highly recommend this person. | <input type="checkbox"/> I recommend this person. |
| <input type="checkbox"/> I recommend this person with reservation. | <input type="checkbox"/> I <u>do not</u> recommend this person. |

➤ *I certify that the information contained in this form is true and correct.*

Signature: _____ Date: _____