



Gathering of the Tribes Summer Residential Program June 21 - June 28, 2015

This exciting 8 day program is designed to give American Indian middle and high school students an opportunity to gain academic experience in a university setting at the University of California, Riverside. During the day, students will participate in various college courses, and personal development workshops. In the afternoons, they will engage in cultural and team building workshops, as well as fitness activities and a beach field trip. In addition, students will work with professors, college students, and invited American Indian community members as they discover and develop their career/lifetime goals. The program will end with a closing ceremony with certificates and awards.

All students in the program will be available to UCR staff and students throughout their remaining years of high school, which will include guidance in choosing their coursework, financial aid, and applying to a university.

Don't miss out... The Summer Program will cover most of your expenses during the week. These include: housing, daily meals, course books, school supplies, and transportation during program activities. (Note: *Participants are responsible for transportation to and from UCR at the beginning and end of the program. The program will not cover transportation costs, but will provide pick up arrangements for participants who arrive via bus, train, airplane etc. All travel arrangements must be made by the parent/guardian.*)

ELIGIBILITY

Participants must satisfy the following criteria:

- (1) Have the desire to contribute to the American Indian community.
- (2) Plan to enroll in an institution of higher education.
- (3) Be a currently enrolled 8th - 11th grade student (entering 9th, 10th, 11th, or 12th grade in Fall 2015)
- (4) Have an overall GPA of 2.5 or above (preferred, but not required).

APPLICATION CHECKLIST (Due March 31, 2015)

- Completed Application Form
- Typed Personal Statement
- Completed Recommendation Form
- Emergency Treatment Authorization
- Student Responsibilities
- Waiver of Liability, Assumption of Risk, and Indemnity Agreement
- Photo/Video Release

****Application does not guarantee admission, please submit all documentation***

Mail, Fax, or E-mail application to:

Native American Student Programs
University of California, Riverside
229 Costo Hall
Riverside, CA 92521

P: 951.827.4143
F: 951.827.4342
E: joshuag@ucr.edu
www.nasp.ucr.edu



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Personal Statement Requirements:

In order to be considered for the Gathering of the Tribes Summer Residential Program, the personal statement must be included with the application. The information you provide will help the selection committee determine admission of individuals to participate in the program. ***INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.***

Your personal statement should be exactly that — personal. This is your opportunity to tell us about yourself — your hopes, ambitions, life experiences, inspirations. We encourage you to take your time on this assignment. Be open. Be reflective. Find your individual voice and express it honestly.

As you respond to the essay prompts, think about the selection committee members who will read your statement and what you want them to understand about you. While your personal statement is only one of the factors we consider when making our admission decision, it helps provide context for the rest of your application.

All applicants must respond to two essay prompts. Responses to your two prompts must be typed and a **maximum** of 1,000 words total, Arial font, size 12pt., double spaced. Allocate the word count as you wish. If you choose to respond to one prompt at greater length, we suggest your shorter answer be no less than 250 words.

Essay Prompts

- Describe the world you come from — for example, your family, tribal nation, community or school — and tell us how your world has shaped your dreams and aspirations. Make sure to mention your Tribal Affiliation.
- Tell us about a personal quality, talent, accomplishment, contribution or experience that is important to you. What about this quality or accomplishment makes you proud and how does it relate to the person you are?



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APPLICATION

**Application does not guarantee admission, please submit all documentation. Space is limited and you will be notified. If you have any questions contact Joshua Gonzales by phone at (951) 827-4143 or by e-mail at joshuag@ucr.edu . Please fax us at (951) 827-4342 or return your complete application to the following address:*

**Native American Student Programs
University of California, Riverside
229 Costo Hall
Riverside, CA 92521**

Deadline: March 31, 2015

Student Information:

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

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

Tribal Affiliation: _____

School Attending: _____ City: _____

Current Grade Level (check one): 9th _____ 10th _____ 11th _____ 12th _____

Current Grade Point Average: _____ When do you plan to start college? (Month/Year) _____

T-Shirt Size: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: (____) _____ Night Time Phone: (____) _____

When can we best reach you? Day(s) _____ Time(s) _____

E-mail: _____ FAX: (____) _____

Person to contact in case of an emergency:

Name: _____ Relationship: _____

Phone (____) _____

Are there any disabilities, medications, or special needs, which we need to accommodate?
Please Specify:

How did you learn about "Gathering of the Tribes" Summer Residential Program?

_____ (NASP Website, counselor, advisor, e-mail, etc...)

List all the high schools attended, starting with your current school.

School Name	City/Town, State	Dates attended	Grade level
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Computer Skills:

Additional Skills you would like to add:

References: At least ONE; please have the following form filled out completely:

Participant's Name: _____

Print Name

Gathering of the Tribes Summer Residential Program

REFERENCE RECOMMENDATION FORM

TO THE FACULTY/COUNSELOR:

The Summer Residential Program: Gathering of the Tribes offers students a week-long program to encourage them to go to college. We appreciate you supplying us with the information requested below in order for us to better evaluate the student's application:

1. What is your relationship to the student (faculty, advisor, counselor)? _____
If faculty, what course(s)? _____

2. How do you rate the student in terms of the following? (1-Below Average, 2-Average, 3-Good, 4-Above Average)

A. Integrity/Honesty	1	2	3	4	unknown
B. Maturity	1	2	3	4	unknown
C. Responsibility	1	2	3	4	unknown
D. Consideration/concern for others	1	2	3	4	unknown
E. Overall ability	1	2	3	4	unknown
F. Motivation	1	2	3	4	unknown
G. Writing Ability	1	2	3	4	unknown
H. Speech/Oral Communication	1	2	3	4	unknown
I. Attentiveness/Listening	1	2	3	4	unknown
J. Ability to reason	1	2	3	4	unknown
K. Observant/Insightful	1	2	3	4	unknown
L. Desire to learn	1	2	3	4	unknown
M. Independence	1	2	3	4	unknown
N. Originality/Creativity	1	2	3	4	unknown
O. Potential	1	2	3	4	unknown
P. Computer literacy	1	2	3	4	unknown
Q. Programming skills	1	2	3	4	unknown

3. Interest in and commitment to American Indian education and potential to contribute to the American Indian community at large:

4. What do you think is the greatest strength of the student? _____

5. Please feel free to include additional comments on an additional page if necessary.

Faculty/Counselor's Signature: _____

Date: _____

Faculty/Counselor name, address, telephone, e-mail:

EMERGENCY TREATMENT AUTHORIZATION (participants 18 years of age and under)

I understand that the Institute will try to contact the parent or legal guardian identified in this application in the case of the participant's illness or injury. In case of such illness or injury, and when in the judgment of the staff, emergency medical attention is warranted, I authorize the staff to call paramedics or ambulance to a hospital, and for the medical staff there to take whatever action is necessary to meet the emergency. I understand that I am responsible for any charge(s) incurred.

Signature of parent or legal guardian: _____ Date: _____

Relationship to the participant: _____

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about them:

The principal purpose for requesting the information on this form is to process your application to the Summer Residential Program: Gathering of the Tribes. University policy authorizes maintenance of this information. Furnishing all information will delay, or may even prevent completion of your registration. Information furnished on this form may be used by various University offices for registration and other academic-related purposes and will be transmitted to the state and federal governments if required by law. Individuals have the right to access this record as it pertains to them.

I/We have completed this application and verify that the information provided to be true and accurate to the best of my/our knowledge. Further, I/We understand that admission to the Summer Residential Program: Gathering of the Tribes may be denied if any information is found to be incomplete or inaccurate.

Signature of the Participant: _____ Date: _____

Signature of Parent/Guardian
(If Participant is under 18): _____ Date: _____

Participant's Name: _____
Print Name

UNIVERSITY OF CALIFORNIA AT RIVERSIDE
GATHERING OF THE TRIBES
SUMMER RESIDENTIAL PROGRAM
NATIVE AMERICAN STUDENT PROGRAMS
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Gathering of the Tribes Summer Residential Program which includes field trips, at the University of California, Riverside campus on June 21, 2015, through June 28, 2015 (herein after known as the "Program"). I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, their respective officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California their respective officers, employees, and agents,** resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in the Program.

Signature of Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor) _____

Assumption of Risks: Participation in the Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in the Program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement free and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor) _____
Vol Waiver 7/01

STUDENT RESPONSIBILITIES

It is the goal of the Gathering of the Tribes Summer Residential Program to develop a community of learners (students, staff, and faculty) dedicated to educational pursuits and committed to their fellow learners. To achieve this goal, the Program has established the following policies in accordance with University policies and those promoted by programs across the country. Participating students agree to the following:

Students must complete all classes, workshops, presentations, and complete all assigned work to the best of their ability. Students are responsible for consulting with faculty, teaching assistant, tutors, and mentors.

Students must respect others and contribute to the creation of an environment conducive to positive learning throughout the entire week of the program.

In addition, program participants (students, staff, and faculty) agree to abide by UCR policies.

The possession of weapons is strictly prohibited by the University of California and is cause for immediate dismissal from the program.

A no alcohol/no drugs policy will be enforced throughout the program. The sale, possession, or use of alcohol or drugs is strictly prohibited. Disciplinary action will be taken against offenders and will result in dismissal from the Program.

No social misconduct of any kind will be tolerated, whether welcomed or not welcomed.

To benefit future program students, we require that all participants complete evaluations of their experiences in the program, including various evaluations during the program and a debriefing session at the end.

Failure to follow any of the above will result in cancellation of program support and services, a grade of “I” (incomplete) or a “NR” (no record) for the academic portion of the program, and/or dismissal from the program.

Parents will be responsible for all transportation expenses as a result of an early dismissal.

I have read and understood the above student responsibilities and agree to abide by them.

Participant’s Signature: _____ Date: _____



Office of Strategic Communications

Photo/Video Release for Minors

I give my permission for _____ to be photographed, videotaped
(Name of minor)
and/or quoted while participating in the University of California, Riverside program/
presentation/ performance. I understand that any such photos, videotape or quotes will be the
property of UC Riverside, and may be used for the purpose of documenting or publicizing UC
Riverside.

(Date)

(Address)

(City, State, Zip Code)

(Parent/Guardian's Signature)

(Parent/Guardian's Printed Name)