

Education and Career Services

Stockbridge-Munsee Community P. O. Box 70 W12635 County Rd A Bowler Wisconsin 54416 Phone: 715-793-4353 Fax: 715-253-2436 <u>www.mohican.com</u>



Summer Youth at Home Application

YOUTH INFORMATION										
First Name	MI	Last Name		Date of Birth		Grade	Attend	ling School		
								-		
Street Address			City	City		State	Zip Co	Zip Code		
Contact Phone Alternate Contact			Phone E		Email:	Email:				
Tribal Affiliation (if applicable) Enr		Enrollment Number (if applicable)		Are you a US Citizen?		Gender				
				Yes No			Male 🗖	Female		
Full Name of Parent or Legal Guardian			Parent Tri	bal Affiliation	ation (if applicable) Parent En			ollment Number (if applicable)		

MENTOR INFORMATION (Must be parent or legal guardian)

First Name	Last Name		Tribal Affiliation (if applicable)		icable)	Enrollment Number (if applicable)	
Street Address		City			State	Zip Code	
Contact Phone	Alternate Contact Phone			Email:			

SCHEDULE

Task/Chore	Day of the week	Scheduled Hours	Location		

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education and Career Services Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program procedures in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education and Career Services Program's Handbook.

Youth's Signature	Date	Parent/Guardian Signature (If Applicable)	Date