



Salish Kootenai College
 P.O. Box 70
 Pablo, MT 59855
 (406) 275-4990



*Return completed forms to Anita BigSpring
 in SKC Big Knife Building by July 2nd, 2017*

TECH4GOOD SUMMER CAMP APPLICATION

Student Information

Date of Application: _____

Name: _____ Age: _____ Gender: _____ Date of Birth: _____
First Middle Last

Student currently lives with: ___ Natural/Adoptive Parent(s) ___ Legal Guardian(s) ___ Foster Parent(s)
 ___ Other (*Explain:* _____)

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Home/Emergency Phone: _____

Current School: _____ Grade: _____ Student Cell Phone: _____

United States Citizen: Yes ___ No ___ (*If **no**, is the student a permanent United States resident? _____*)

Social Security Number: _____

E-mail: _____ Facebook Account Name: _____

Check all ethnic affiliations that apply to you:

___ American Indian/Alaskan Native ___ Asian ___ Native Hawaiian/Pacific Islander
 ___ African American ___ Hispanic ___ Caucasian ___ Other (_____)

Tribal Affiliation: _____ Enrolled: _____ Descendant: _____

Office Use Only	
Date Application Received: _____	Admission Date: _____
<u>Application Checklist</u>	<u>Eligibility</u>
<input type="checkbox"/> Completed	<input type="checkbox"/> Rising Junior or <input type="checkbox"/> Rising Senior or <input type="checkbox"/> Recent Grad
<input type="checkbox"/> Signed	<input type="checkbox"/> Native American Enrollment or Affiliation
<input type="checkbox"/> Medical Information	<input type="checkbox"/> Tech Interest
<input type="checkbox"/> Parent/Guardian Consent	<input type="checkbox"/> Career Aptitude
<input type="checkbox"/> Interest / Aptitude	<input type="checkbox"/> Media Consent

Please answer these questions as completely as possible. Both content and attention to grammar will be considered in reviewing your application. You may use the space provided or attach more paper as needed.

1. Were you a participant in any after school programs this past year? ___Yes ___No
2. Choose a technical problem or challenge that you helped solve or contribute to in the past. Describe the skills and traits you have developed as a result of your participation in this activity.
3. Tell us some of the technologies that you like to have fun or work with.
4. Do you plan to go to college? Why or why not?
8. Which tech, science, or math courses do you plan to enroll in your future?
9. Is there anything you'd like us to know about you before you come to NativeTech Camp?

Flathead Tech4Good Student Regulations and Conduct Code Contract

I want to come to Tech4Good Summer Camp because I care about myself. I feel I have the potential to succeed and have serious interest in learning to apply technology to improve my life and my community's life following my high school graduation. I intend to make full use of the opportunities Flathead Tech4Good provides. I realize certain rules are necessary to promote educational and personal growth.

Please read and sign the below:

I, _____ (parent/guardian's name) give permission to my child _____ (child's name) to apply to and participate (if accepted) in Flathead Tech for Good programs. I understand that my child is committing to take part in this program for the full four days and that this commitment might conflict with other summer activities. I also agree that my child may take part in the evaluation of this program through research and surveys to help make the program stronger. I understand that I may be asked to take part in this research as well.

I realize that I must comply with the conduct code during all SKC Flathead Tech4Good activities and that breaking this code may result in dismissal from NativeTech Camp or prohibition from other FT4G activities and/or future programs. By signing this contract, I verify that I have read the regulations and conduct code stated above and agree to abide by them.

Student Signature Date

Parent/Guardian Signature Date

MEDIA CONSENT FORM

We, the undersigned, give Salish Kootenai College's Flathead Tech4Good programs permission to use photographed images, videos, and voice recordings of the student named below in promotional materials such as brochures, yearbooks, slide shows, recruitment presentations, the SKC Tech4Good web site and Facebook page, and news releases.

Student Signature **Date**

Parent/Guardian Signature **Date**

STUDENT EMERGENCY INFORMATION for SKC Flathead Tech4Good

Student's Name: _____ Home Phone: _____

Parent/Guardian Name(s): _____

Work Phone: _____ Message Phone: _____

Full Address: _____

Person to be contacted if parents/guardians cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person(s) to whom student may be

released: _____

Physician's Name: _____

Address: _____ Phone: _____

Office Phone: _____ Home Phone: _____

Please list any medical insurance coverage: _____

Medical Insurance Number: _____

MEDICAL INFORMATION

Allergic to any medication? Yes ___ No ___ Specify: _____

Currently on medication? Yes ___ No ___ Specify: _____

If yes, what for and how often? _____

PLEASE CHECK THOSE THAT APPLY TO YOUR CHILD:

___ Heart Problems

___ High Blood Pressure

___ Epilepsy

___ Diabetes

___ Hearing Impairments

___ Sight Impairments

___ Physical Disability

___ Allergies _____

___ Other _____

I, _____, give permission for my child to receive all necessary medical attention should the need arise. I realize I am responsible for all medical charges incurred.

Parent/Guardian Signature

Date