

# Pitzer College & Western University's Native Youth to College Program

## Student Application 2018

### Student Application Process

Fill out and return the student application. After this application form is reviewed and approved, you will receive a confirmation email.

**Incomplete applications will not be considered.**

### Complete Application Consists of:

- Student Application
- School Information
- Parent/Legal Guardian Information
- Short Answer Questions
- One Essay (700-word minimum)
- Resume
- Short Bio and Headshot
- Unofficial Copy of High School Transcripts
- Two Completed Recommendation Forms
- Medical Information & Medical Insurance Card
- Parental Consent
- Program Policies and Procedures
- Disciplinary Procedures
- Wishtoyo Waiver

### Important Dates to Remember

**Application Deadline**  
Friday, March 30, 2018

**Notification of Decision**  
Friday, April 20, 2018

**Native Youth to College  
Program Dates**  
July 6 to July 20, 2018

### Email/fax/mail the application with all required materials to:

**Attention: Scott Scoggins, Program Director**  
Pitzer College  
Scott Hall #108  
1050 North Mills Avenue  
Claremont, CA 91711  
Fax: 909.607.8758  
Email: [scott\\_scoggins@pitzer.edu](mailto:scott_scoggins@pitzer.edu)



# 1 Student Information

Privacy Statement: Information supplied in the application materials is used by authorized Native Youth to College staff for internal reporting, research and for program purposes only. **Note: Parents, please do not fill out the application!** The goal is to have the students experience what it is like to gather the information for an application. The Native Youth to College application asks many of the same questions that colleges ask; we want to expose the students to these questions so they feel confident and able to answer the questions or ask for help when needed.

|  |   |  |          |
|--|---|--|----------|
| First Name   |   | Last Name                                      |          |
| Email Address  |   |  |          |
| Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other  | Date of birth:        /        /  |  |          |
| Street Address   |   |  |          |
| City   |   | State  | Zip Code |
| Home Phone<br>(        )   |   | Cell Phone<br>(        )                       |          |
| Grade in Fall 2018 <input type="radio"/> 9th <input type="radio"/> 10th <input type="radio"/> 11th <input type="radio"/> 12th  |   |  |          |
| Shirt Size <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large <input type="radio"/> 2X-Large                   | Swimming Ability <input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Proficient <input type="radio"/> Excellent |  |          |
| Have you attended any of the following summer programs?  | <input type="radio"/> Native Youth to College Program   | <input type="radio"/> Cal Poly Native Pipeline |          |
|  | <input type="radio"/> UCR Native Summer   | <input type="radio"/> Other: _____             |          |
| Have you previously applied to the Native Youth to College Program and been asked to reapply or been wait-listed or denied? <input type="radio"/> Yes <input type="radio"/> No |   |  |          |

**Student Demographics:**

Do you have Native American ancestry?  Yes  No

If so, which one:  American Indian  First Nation  
 Alaska Native  Indigenous Latin American  
 Native Hawaiian  Other: \_\_\_\_\_

Are you a US citizen?  Yes  No  
 Are you a Canadian citizen?  Yes  No  
 Are you a Mexican?  Yes  No  
 Are you a citizen of another country?  Yes  No  
 If yes, list how you identify: \_\_\_\_\_  
 Do you have a passport that is valid for more than 6 months?  Yes  No

What is your first language? \_\_\_\_\_  
 List all other languages spoken at home: \_\_\_\_\_  
 Do you identify as multi-racial/ethnic?  Yes  No  
 If yes, list how you identify: \_\_\_\_\_  
 Do you qualify for tribal services/aid?  Yes  No

**First-Generation to Four-Year College Survey**

Have either or both of your parents completed a bachelor's degree?  Yes  No  
 Have either or both of your parents completed a graduate degree?  Yes  No

**Disciplinary:** Since the 9th grade, have you been dismissed, suspended, or responsible for disciplinary violation? If yes, please explain in two sentences.  Yes  No

**Optional:** Do you self-identify as LGBTQ?  Yes  No

**Professional Goals:**  Four-year Liberal Arts College  Tribal College  Vocational School  Work/Other  
 State College or University  Community College  Military Service

## 2 School Information

|             |                |           |
|-------------|----------------|-----------|
| School Name | Website        | Counselor |
| City        | State/Province | Zip Code  |

## 3 Parent/Legal guardian information

Primary Parent/Guardian Contact: If parents/guardians live apart, to whom should we mail your application decision and which parent/guardian should we communicate with regarding your application, admission, travel and participation in the program?

Mother     Father     Guardian

|   |                      |
|---|----------------------|
| Primary Parent First Name   | Last Name            |
| Relationship to Applicant   | Email Address        |
| Home Phone<br>(    )  | Cell Phone<br>(    ) |
| Best number to use? <input type="radio"/> Home <input type="radio"/> Cell |                      |
| Secondary Parent First Name   | Last Name            |
| Relationship to Applicant   | Email Address        |
| Home Phone<br>(    )  | Cell Phone<br>(    ) |
| Best number to use? <input type="radio"/> Home <input type="radio"/> Cell |                      |
| Guardian's First Name   | Last Name            |
| Relationship to Applicant   | Email Address        |
| Home Phone<br>(    )  | Cell Phone<br>(    ) |
| Best number to use? <input type="radio"/> Home <input type="radio"/> Cell |                      |



# 4

## Short Answer Questions

Important! Please take your time and answer the questions in full sentences (3–4). If needed, attach a separate document with your responses. These questions help us understand you better and make sure that you’re a good match for the program. Incomplete answers will cause your application to be incomplete and denied.

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What is a current issue in Indigenous communities here or around the world that you find important and why?

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If you could have dinner with anyone, dead or alive, who would it be and why?

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What do you think your biggest barriers to attending college are?

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Please list any colleges you have visited.

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# 4 Short Answer Questions

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How do you react in stressful situations alone? In a group?

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Do you have any concerns about being away from home for two weeks?

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**Returning Students Only:** Talk about a new skill or a personal breakthrough you experienced during previous participation in the program.

**New Students Only:** Why do you want to be a part of the Native Youth to Summer Program?



**5****Essay (700 Word  
Minimum)**

The essay response helps us understand who you are in different ways from recommendations, courses, and grades. Choose ONE out of the five prompts and write an essay in no less than 700 words, doubled-spaced, MLA format, Times New Roman, 12-point font. Attach the essay to the back of this application.

1. Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
2. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
3. Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
4. Describe a problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma—anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.
5. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.

**Essay Example**

When I step onto the Blackfeet reservation, the feeling of home immediately soars through my veins. I have seventeen years filled with wonderful memories from visits home: feeling the beat of my moccasins hitting the floor at Indian Days, going to Okans, fasting, braiding sage, and laughing with family and friends. I get my strength when we come together to dance. I feel the wind wrapping around us, carrying our memories of being together on our land. When we sing, I see the obstacles we have had to overcome as a sovereign nation. I have learned our land has a story, and our job is to keep these stories alive. Although there is hardship, people are still smiling. They weave the bad into good; they are resilient. These experiences have shaped who I am. They have shown me that, as a tribe we have the strength and endurance to overcome anything.

While my experiences strengthened me, they also made me mature quickly. At age nine, I learned how to be socially aware. I was a short, curly-haired, brown-eyed girl, who understood the honor of getting a scholarship to a private school. I did not let standing out in the hallway negatively affect me; instead I would ask: why am I one of the only people of color here? At ten, I began to understand why my mom moved us to Seattle: so I could have a better life. I understood what I had been feeling in my bones: heartache- heartache for my family members with addiction issues and heartache for my young cousins who are parents and homeless. I learned my mom broke this cycle of alcoholism by herself at age nineteen with me. She showed me her strength. Age eleven was the first time I was asked if my family had a casino. I learned then that many people still thought of my race as either mythical beings or wealthy. I felt like one of the few who knew that the majority of Natives are living in a cycle of poverty. These realizations have made me determined, passionate, nonjudgmental, and compassionate.

I use my determination to thrive in school. I know my education is not just for me; it is for my past family, my present family, and my future family. I use my passion to advocate for people who are not heard. I have learned that people are not voiceless, but instead it is others who are pressing the mute button. Knowing that addiction issues on my reservation are a backlash of the hardships my people have had to endure has enabled me to know that addiction is not a choice, it comes from anger or sorrow. Dissecting where these emotions come from can heal the addicted person. Everyone deserves a chance.

My times on my reservation have influenced me in wanting to help make a change on all reservations when I graduate college. A career in law is a perfect combination of my passion, determination, and love of history and politics. I plan to fund my education with scholarships and loans in order to achieve my dream of going into law. I want to go to college so I can open the doors for the people who are constantly being confronted with a closed one. I want to learn skills that I haven't learned on my own. I want to learn the judicial system and how to navigate it in a way that will help those who are marginalized, starting with my reservation. When I get my degree, I want to volunteer time to reservations and offer my assistance for free. I know not to say, "This is how I want to help you", but instead say, "how can I help you?" I want to use my knowledge, experiences, and education to break the barrier between those not being heard and the power of the government. I want to help break the cycle of poverty on reservations through law and justice.



6

**Resume**

Attach resume (one page maximum) here or at back of application.

7

**Short Biography and Headshot**

Please write a short biography explaining who you are, what you like, hobbies, favorite subject in school, etc. Also, please attach a (professional) looking headshot!

8

**Unofficial Copy of High School Transcripts**

Attach a copy of your most recent, unofficial, high school transcripts.

9

**Recommendation Forms**

**For Applicants:** The Family Educational Rights and Privacy Act of 1974 gives students who are admitted to and enroll in the Native Youth to College Program the right to review their educational records. If you would like to waive this right so that your reference can be submitted on a confidential basis, please sign below.

"I waive any right of access I may have to this reference and request it to be submitted confidentially on my behalf."

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

**For Recommenders:** The student listed below is applying to be a participant in the Native Youth to College Program, a college preparatory program for mature Native American high school youth. Please comment on the applicant's overall ability in the following areas, taking into specific consideration academic qualifications, commitment and maturity. This reference will remain confidential and will be used solely to assist in decisions regarding the admissibility of the student as an applicant into the Native Youth to College Program.

Please return this reference to the applicant in a sealed envelope bearing your signature across the sealed flap or email to Scott Scoggins, Program Director, at [scott\\_scoggins@pitzer.edu](mailto:scott_scoggins@pitzer.edu)

Applicant Name: \_\_\_\_\_

Please rate the Applicant in the follow categories:

| Please rate this applicant as objectively as possible in comparison with others you have taught/worked with. | Excellent | Average | Poor | Unable to rate |
|--|-----------|---------|------|----------------|
| Intellectual Curiosity   |           |         |      |                |
| Creativity   |           |         |      |                |
| Motivation   |           |         |      |                |
| Respect Accorded by Peers & Faculty  |           |         |      |                |
| Honesty and Integrity  |           |         |      |                |
| Ability to Work and Learn from Others  |           |         |      |                |
| Perseverance   |           |         |      |                |
| Seeks Help When Needed   |           |         |      |                |
| Open Mindedness  |           |         |      |                |



9

**Recommendation  
Forms**

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Expand on the following two qualities of the applicant.

Comment on the applicant's perceived ability to be a participant in the program.

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Please comment on the applicant's overall strengths and weaknesses.

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Other Comments

Name of Reference: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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

# 10 Medical Information

A medical provider will need this form before treating a minor’s illness or injury. This form will accompany the student when seeking medical treatment. **Please attach a copy of the student’s medical insurance card, both front and back.**

**Parents/Guardians: Please fill this form out as accurately as possible.**

|                 |                      |
|-----------------|----------------------|
| Name of Student | Date of Birth<br>/ / |
|-----------------|----------------------|

Home Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|                      |       |
|----------------------|-------|
| Emergency Contact #1 | Email |
|----------------------|-------|

|                      |                      |
|----------------------|----------------------|
| Home Phone<br>(    ) | Cell Phone<br>(    ) |
|----------------------|----------------------|

|                      |       |
|----------------------|-------|
| Emergency Contact #2 | Email |
|----------------------|-------|

|                      |                      |
|----------------------|----------------------|
| Home Phone<br>(    ) | Cell Phone<br>(    ) |
|----------------------|----------------------|

|   |  |                                 |                   |                                  |                   |                                     |                   |   |                   |
|---|--|---------------------------------|-------------------|----------------------------------|-------------------|-------------------------------------|-------------------|---|-------------------|
| If you have any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate if you have any ongoing medical or emotional problems that may require special attention. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><input type="checkbox"/> Asthma</td> <td style="width:70%;">Medication? _____</td> </tr> <tr> <td><input type="checkbox"/> Anxiety</td> <td>Medication? _____</td> </tr> <tr> <td><input type="checkbox"/> Depression</td> <td>Medication? _____</td> </tr> <tr> <td><input type="checkbox"/> Food Allergies</td> <td>Medication? _____</td> </tr> </table> | <input type="checkbox"/> Asthma | Medication? _____ | <input type="checkbox"/> Anxiety | Medication? _____ | <input type="checkbox"/> Depression | Medication? _____ | <input type="checkbox"/> Food Allergies | Medication? _____ |
| <input type="checkbox"/> Asthma   | Medication? _____  |                                 |                   |                                  |                   |                                     |                   |   |                   |
| <input type="checkbox"/> Anxiety  | Medication? _____  |                                 |                   |                                  |                   |                                     |                   |   |                   |
| <input type="checkbox"/> Depression   | Medication? _____  |                                 |                   |                                  |                   |                                     |                   |   |                   |
| <input type="checkbox"/> Food Allergies   | Medication? _____  |                                 |                   |                                  |                   |                                     |                   |   |                   |

Any other medical conditions or needs:

Dietary Needs:

Please list ALL prescription and over-the-counter medications (with dosages) that you will take during the course of program:

|                          |               |
|--------------------------|---------------|
| Name of Medical Provider | Policy Number |
|--------------------------|---------------|

Primary Care Provider Name

Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

**PARENT OR GUARDIAN AND WITNESS READ AND SIGN:** I hereby certify that, to the best of my knowledge, the above medical statement is accurate. I give my consent to Pitzer College or medical personnel at another institution to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining my consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 11 Parental Consent

I hereby give permission for my son/daughter/ward to attend the 10th annual Native Youth to College Program from July 6–20, 2018, at Pitzer College in Claremont, California. I understand that room and board will be provided at an on-campus dormitory and that mentors will serve as chaperons 24 hours a day in the program's dormitories and during all daily activities. My son/daughter/ward is required to comply with Pitzer College rules and regulations, as well as all federal, state, and local laws and regulations.

I understand that my son/daughter/ward will participate in on- and off-campus activities. I further understand that the Native Youth to College Program will provide security and will supervise all on- and off-campus planned activities. The Native Youth to College Program will not be responsible for any accidents, injuries, or other misfortunes, that may occur as a result of a participant's violation of Pitzer's rules, regulations, or policies or federal, state, and local laws.

If the student decides to leave the Program voluntarily before the stated end date, the Native Youth to College Program will release the student only into the custody of the parent/legal guardian and will be not responsible for the student after he/she leaves Pitzer College. **All emergency-related expenses will be the responsibility of the student and/or parent.** The Native Youth to College Program reserves the right to **terminate the enrollment of a student** at any time due to a violation of any rule, regulation, or policy established by Pitzer College and/or the Native Youth to College Program.

I understand and acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from the participant's own actions, as well as the actions or inactions of others, or a combination thereof. I understand that certain rules and regulations are designed for the safety and protection of both the participants and the Native Youth to College employees.

I hereby acknowledge the rules and regulations outlined above and my son/daughter/ward's obligation to abide by them. I understand that certain activities require a minimum level of fitness and health, including mental, physical, and emotional wellness, and that each person has a different capacity for participating in these activities. The Native Youth to College Program will not be liable for any personal injury or loss of personal property in any way resulting from my son/daughter/ward's voluntary participation in these activities.

Having fully read and understood this this parental permission and informed consent form in its entirety, I hereby consent to the participation of my son/daughter/ward in the Native Youth to College Program and declare that all information provided in this application packet to be true.

I hereby give permission to the Native Youth to College Program to use any slides, images, photographs, videos, and/or statements that may be taken of my child/ward during the course of the program for marketing and/or promotional purposes in print or online.

Participant's Name (Print): \_\_\_\_\_

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

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

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



# 12 Program Policies and Procedures

By signing my initials for each of the following, I, \_\_\_\_\_ (Full Legal Name) and the parent/legal guardian of \_\_\_\_\_ (Full Legal Name) agree that my son/daughter/ward will abide by the following regulations and understand that if program policies, regulations and/or procedures are not strictly adhered to, my son/daughter/ward will be sent home. All items must be initialized in the space provided to have my son/daughter/ward's application considered for acceptance to the program.

| Parent/<br>Guardian<br>Initials | Student<br>Initials | Program Policies and Procedures  |
|---------------------------------|---------------------|--|
|                                 |                     | I will commit to completing and participating in the entire Native Youth to College Program.   |
|                                 |                     | I will adapt to and learn from a college environment and attend all scheduled classes on time.   |
|                                 |                     | I will comply with Native Youth to College Program rules, as well as federal, state and local laws and regulations and not infringe on the rights of others. |
|                                 |                     | I understand that I will NOT be allowed to travel in non-Pitzer vehicles.  |
|                                 |                     | I understand that I will only be allowed to go home in case of a emergency, with parental consent.   |
|                                 |                     | I will keep my dorm room and personal belongings neat and orderly.   |
|                                 |                     | I will refrain from using drugs, alcoholic beverages and smoking at all times.   |
|                                 |                     | Visitation from parents and friends during the program is not allowed.   |
|                                 |                     | Students are responsible for the payment of repairs or replacement of damaged property.  |
|                                 |                     | Access to Residence Hall Floors: Males are not allowed in the female wing areas and females are not allowed in the male wing areas.                          |
|                                 |                     | I will listen to my mentor.  |
|                                 |                     | Participant will be issued a key/meal card for his/hers room and meal. A fee of \$30 will be charged for a lost card   |

# 13 Disciplinary Procedures

Every Native Youth to College Program staff member will have the authority and responsibility to report violations of rules, policies and regulations. These reports will be submitted daily to the Program Director in writing on a "Staff Report Form." If a student is found in any violation of the rules, a warning will be given to correct behavior. At the end of the third warning, the participant will be asked to leave the Native Youth to College Program at their own expense.

Participant's Name (Print): \_\_\_\_\_

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

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

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



# 14 Wishtoyo Waiver





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**The authorized person further understands and agrees:**

1. (Wishtoyo Foundation/Chumash Village Programs) expects for the participant staff to provide emergency trained personnel. Participants must bring their own towel, water bottle, snacks, sunscreen, and set of warm clothes. Beach conditions do change throughout the day and weather is often different from inland weather.
2. Kayaking, scuba diving, snorkeling, hiking, surf camp, tomol (canoe) activities, beach cleanup and other cultural or community science activities take place in Open Ocean, sand dune, mountainous environments. This is a Chumash marine stewardship lesson and is not designed to teach swimming skills. All participants are expected to stay on the sand until instructors are ready to go into the ocean, or other environments with the students. Wishtoyo **will not** give permission or participate in any student or staff going into the ocean without prior exhibited experience (i.e. swim and/or dive certification) and with an active lifeguard on duty. Activities in Open Ocean are inherently dangerous activities. No participant will be allowed to participate in any water activities connected to or associated with (Wishtoyo’s Foundation/Chumash Village Programs) with out exhibited experience (i.e. swim and/or dive certification).
3. Wishtoyo Foundation/Chumash Village Programs enforces a “zero tolerance” policy. In order to guarantee that all participants have the best possible experience with (Wishtoyo Foundation/Chumash Village Programs), any possession of alcohol, illegal drugs, weapons, or other illegal contraband, or any participation in dangerous or illegal activities will be investigated and reviewed by camp staff. All incidents will be considered on a case-by-case basis. If upon review we find that an unsafe condition exists, or that someone knowingly violated our zero tolerance policy, we reserve the right to expel that person.

\_\_\_\_\_ Date \_\_\_\_\_  
 Participant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature (Under 18)