**Shoshone Community Language Initiative**

**(SCLI)**

**JULY 5-AUGUST 4, 2017**

**What is SCLI?**

The **Shoshone Community Language Initiative (SCLI)** is a four-and-a-half week summer program for Shoshone high school students hosted by the Great Basin College’s Great Basin Indian Archives Program. Students will have the opportunity to:

* enhance their awareness of Shoshone culture and may be eligible for a stipend,
* experience a college lifestyle while staying on the Great Basin College campus,
* have an introduction to the Shoshone language for Great Basin College credit.

**WHO IS ELIGIBLE?**

Participants must be:

* A high school sophomore, junior or senior for the 2017-2018 school year.
* Be EITHER a Western Shoshone descendant who is an enrolled member of one of the following Tribes or Bands:
  + Battle Mountain Band of the Te-Moak Tribe of Western Shoshone
  + Duck Valley Shoshone-Paiute Tribe
  + Duckwater Shoshone Tribe
  + Elko Band of the Te-Moak Tribe of Western Shoshone
  + Ely Shoshone Tribe
  + South Fork Band of the Te-Moak Tribe of Western Shoshone
  + Wells Band of the Te-Moak Tribe of Western Shoshone
  + Yomba Shoshone Tribe

OR

* Be a Western Shoshone descendant who is not an enrolled member of any of the tribes and bands listed above, but who is a resident of any one of the tribal/band reservation areas or service areas listed with a parent who is an enrolled member of any one of the tribes/bands listed (need not be the same community in which the applicant resides).
* Other Western Shoshone descendant applicants may be considered on a case-by-case basis.
* Priority in selection of student for the SCLI will be as follows:

1. Enrolled member/living in or residing close to one of the eight tribes/bands.
2. Student living in community with parent enrolled in one of the eight tribes/bands.
3. Student of Western Shoshone descendant residing in one of eight tribes/bands.

* Other Shoshone/Goshute youth may participate with financial sponsorship from their tribe or community.

**SUBMISSION:**

Send the application AND all supporting materials by the **DEADLINE DATE OF APRIL 28, 2017**

* by mail to:

GBC Continuing Education

Attn: Shoshone Community Language Initiative (SCLI)

1500 College Parkway

Elko, Nevada 89801

* or by fax to: (775) 753-2276 ATTN: SCLI
* or by email (as a PDF attachment): SCLI@gbcnv.edu

**Application Requirements**

To apply, submit the following six items below by **April 28, 2017**. If you are having difficulties obtaining any documents, please let any of us know.

**Student Checklist**

* A completed application form (see page 3).
  + Must be returned by **April 28, 2017**
* A filled out Candidate Questions page (pg. 4).
  + Must be returned by **April 28, 2017**
* A recommendation from a tribal elder/representative or leader (pg. 5).
  + Must be returned by **April 28, 2017**
* A recommendation from a high school teacher (pg. 6).
  + Must be returned by **April 28, 2017**
* A copy of your most recent high school transcripts.
  + Must be returned by **April 28, 2017**
* A copy of your Tribal ID or Certificate of Indian Blood/Enrollment Verification.
  + Must be returned by **April 28, 2017**

If you have any questions or are having difficulties, contact any one of us:

* Norm Cavanaugh at (775) 340-1404 or normcav@yahoo.com
* Antoinette Cavanaugh at (775) 397-4764 or antoinettecavanaugh@me.com
* Sam Broncho at (775) 340-1857 or samuel.broncho@gbcnv.edu
* Marissa Weaselboy at (775) 294-5708 or weaselboym@gmail.com

PLEASE READ THE APPLICATION CAREFULLY AND COMPLETE ALL SECTIONS.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the high school you are currently attending: | | |  |
| Expected Graduation Date: | |  |  |
| Name of tribe/band: |  | | |

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
|  | *Last, First, Middle* |
| Applicant’s Address: |  |
|  | *Street Address* |
|  |  |
|  | *City, State* |
| Email Address: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth | |  |
|  | | |
|  | | |
| *Apt/Unit #* | | |
|  | | |
| *Zip Code* | | |
| Cell Phone |  | |
| Home Phone | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name: |  | Relationship: |  |
| Emergency Contact Number: |  | Type: ☐Home☐Cell☐Office | | |

**Disclaimer and Signature**

|  |  |
| --- | --- |
| **Date:** |  |

I have read and understand the material given in this application packet. I agree to follow the rules, and I certify that all the information I have provided is correct.

|  |  |
| --- | --- |
| **Student Signature:** |  |

I have read and understand the material given in this application packet. I agree to follows the rules, and I certify that all the information I have provided is correct.

|  |  |
| --- | --- |
| **Parent/Guardian Printed Name:** |  |
|  |  |
| **Parent/Guardian Email Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature:** |  | **Date:** |  |

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Received by: |  | Date: |  |

**Candidate Questions**

|  |
| --- |
| Instructions: Please write a paragraph addressing all of the following questions. If you need more space, please attach another page. |

1. Thank you for applying, tell us a little about yourself. (You can share about your family, where you’re from, what your hobbies are, school activities etc…)

2. What do you expect to learn and be able to do by the conclusion of SCLI?

3. How do you think SCLI will contribute to your personal growth and knowledge?

4. What do you believe you can contribute to SCLI? (e.g. computer skills, beading extraordinaire, art skills, champion powwow dancer etc…)

5. Please explain your goal(s) after graduating from high school.

**Recommendation from Tribal Elder/Representative or Leader**

**Instructions for Applicant**

After filling in your personal information below, ask a tribal elder, representative, or leader to complete the remainder of this form. The recommender may not be your parent or guardian.

Send all application materials

* by mail to:

GBC Continuing Education

Attn: Shoshone Community Language Initiative (SCLI)

1500 College Parkway

Elko, Nevada 89801

* or by fax to: (775) 753-2276 ATTN: SCLI
* or by email (as a PDF attachment): SCLI@gbcnv.edu

**Deadline: April 28, 2017**

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
|  | *Last, First, Middle* |
| Applicants Address: |  |
|  | *Street Address* |
|  |  |
|  | *City, State* |

|  |  |
| --- | --- |
| Date: |  |
|  | |
|  | |
| *Apt/Unit #* | |
|  | |
| *Zip Code* | |

1. Briefly describe the applicant’s ability to attend and work at a summer youth internship specifically designed for high school students in a college setting.

|  |  |
| --- | --- |
| Signature: |  |

|  |  |
| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Tribal Elder, Representative or Leader’s Printed Name: |  |

**Recommendation from Teacher**

**Instructions for Applicant**

After filling in your personal information below, ask a high school staff member to write a recommendation below. The recommender can be a coach, teacher, administrator or counselor that can speak to your academic performance.

Send all application materials

* by mail to:

GBC Continuing Education

Attn: Shoshone Community Language Initiative Project

1500 College Parkway

Elko, Nevada 89801

* or by fax to: (775) 753-2276 ATTN: SCLI
* or by email (as a PDF attachment): SCLI@gbcnv.edu

**Deadline: April 28, 2017**

|  |  |
| --- | --- |
| Date: |  |
|  | |
|  | |
| *Apt/Unit #* | |
|  | |
| *Zip Code* | |

|  |  |
| --- | --- |
| Applicant’s Full Name: Applicant’s Full Name: |  |
|  | *Last, First, Middle* |
| Applicant’s Address: |  |
|  | *Street Address* |
|  |  |
|  | *City, State* |

|  |  |  |
| --- | --- | --- |
| School: |  |  |

1. Please write a recommendation for this student including a description of academic and personal characteristics, as demonstrated in the student’s contributions to the school.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Printed Name & Title: | |  | |  | |
| Signature: | |  |  | Date: | |  | |

**SCLI Guidelines and Basic Rules**

1. Participants are expected to report promptly to the language classes and work duties each day and to work the full day. Each participant must adhere to the directions of the program staff and community elders.

2. As part of the program the students will reside on the Great Basin College Campus in the dormitories. Participants must stay in the GBC housing and abide by GBC housing rules.

3. Participants are not allowed to have cars during SCLI.

4. Participants must be **fully committed** to working as a summer language student at SCLI and to improving their abilities in learning the Shoshone language.

5. If a SCLI participant under 18 requires medical care, the SCLI staff will request permission from the participant’s parent or guardian to refer the participant to a licensed medical practitioner and/or clinic. In the case of an emergency, participants will be taken to Northeastern Nevada Regional Hospital. Parents/guardian will be responsible for any and all medical expenses incurred.

6. Absolutely no alcohol, drug or tobacco use (e-cigarettes included) will be allowed. Dangerous items such as items that can be used as weapons or cause harm to another student are prohibited.

7. Participants are required to follow all regulations and policies set by the Great Basin College, as well as specific SCLI rules that will be sent to applicants selected to participate.

Thank you for taking the time to apply!!!