This is Your Invitation to Bring Youth From Your Community to
The 13th Annual Native Vision Sports and Life Skills Camp.

This summer, the NFL Players Association and the Johns Hopkins Center for American Indian Health will hold the 13th annual sports and life-skills camp for American Indian high school students. The camp will take place on the White Mountain Apache Reservation in Whiteriver, Arizona from Thursday, June 11 to Saturday, June 13, 2009. We are grateful to the host Tribe and Alchesay High School for sharing their beautiful grounds and facilities. As many as 60 professional and collegiate athletes will gather to provide instruction in football, basketball, soccer, volleyball, running and lacrosse, and join in all other camp festivities.

Success of the Camp
Over the past twelve years, the Native Vision Camp has enjoyed great success and rapid growth. More than 4,000 students from 30 tribes have participated, traveling to the camp from 15 states. Students, coaches, players and parents alike express excitement over inter-tribal participation and the fact that the professional athlete mentors focus on healthy lifestyles as much as they focus on sports. Professional athletes not only instruct young players on the fundamentals of sports, but also share stories of personal hardship, courage, and victory. In addition, Native leaders who take part encourage the high school students to become better citizens, to respect their elders, and to take pride in their Indian identity.

How Many Youths Can You Bring?
Bring up to a total of 40 male and female students to play any of the six sports (football, basketball, soccer, volleyball, running and lacrosse). We hope for gender and tribal diversity in each sport. All participants should be entering high school in the fall of 2009 or already be in high school. At some point, we may have to restrict enrollment, depending on the response. For now, however, the invitation is open and flexible, and we will take registered youth on a first-come, first-served basis. As we are hoping to send certain healthful messages back to each community through the representatives who attend the camp, we ask that you select students who will act as role models and leaders for other members of their class.

Registration
Enclosed, please find a registration form. Please complete all the information neatly and return it to us at the address on this letterhead by mail or fax. After we receive your completed registration, we will send you a confirmation letter confirming your slots and each student’s registration information for you to distribute to them.

On the Chaperone registration form there is a slot to be filled out about the All-Star Basketball Game. On Thursday, June 11th we will be having an All-Star Basketball game matching the
campers against the pros. It is always very popular! We ask for you to pick two players (preferably one girl and one boy) who can participate as your representatives on the All-Star team. Please fill out this information on the Chaperone registration form.

As in past years, food and lodging will be provided free of charge to the youth participants, coaches and chaperones who accompany them. **You are strongly encouraged to bring your own tents for the campers.** The only expense and responsibility will be to make your own travel arrangements. We do have some money available to tribal student groups to help defray the travel expenses. We will be able to provide travel reimbursement funds of $100-$500 (depending on how far you have traveled) for the first 10 tribes who complete the registration information. These funds will be distributed to you at the end of the camp. Please mark on the Chaperone registration how many miles you will be from the camp site.

**Chaperones**
We must insist that you send at least 1 chaperone for every 6 students. We ask you to choose chaperones who are 21 years of age or over and who are committed and strong leaders. We are well aware how strenuous a job chaperoning can be. In order to help the camp experience be as productive as possible, there will be a brief chaperone orientation meeting on the first day of the camp. At this meeting, we will discuss the role the chaperones are expected to play during the camp.

Please understand the importance of communicating with us as soon as possible regarding the number of players you plan to bring. Given the “First come, First serve” nature of registration, we ask that you **return the registration form as soon as possible and no later than May 22, 2009.**

Once again, we have included a form for you to use to list the players, sports and chaperones you select. Please be sure to return the completed form to us. We look forward to seeing you in June.

**If you have any questions or comments, please contact Marlena Hammen at (410) 955-6931 or email mhammen@jhsph.edu**

Sincerely,

Allison Barlow  
Native Vision Co-Founder  
Associate Director, Johns Hopkins CAIH

Clark Gaines  
Native Vision Co-Founder  
Executive Director, NFLPA
Native Vision Scholarship

Purpose
Established in 1996, Native Vision makes annual college scholarships of $2,500 to outstanding American Indian young people with a commitment to education, athletics and leadership.

Eligibility
Candidates must:
1. Be an enrolled member of a federally recognized tribe;
2. Demonstrate a sustained involvement in the community and an applied concern for American Indian issues and initiatives;
3. Maintain a grade point average (GPA) of at least 3.0 at the time of application;
4. Demonstrate involvement in extracurricular and/or athletic activities;
5. Be admitted to an accredited community college or four year undergraduate program (for fall 2009).

Application Checklist
Application for the Native Vision Scholarship must include the following items. Applications missing any of the following items will not be considered.

- Completed application describing school activities, community activities, athletic activities and financial information.
- Proof of membership in a federally recognized tribe.
- A 200 word essay explaining goals for the future and how the Native Vision scholarship would assist in achieving dreams. Please emphasize how goals relate to continued involvement in American Indian/Alaska Native communities.
- High school transcript indicating GPA.
- Two (2) completed recommendation forms including written statements from recommenders (recommendations cannot come from a family member).

Application Submission
Submit completed applications to:
Marlena Hammen
Native Vision Scholarship
Johns Hopkins Center for American Indian Health
621 N. Washington Street
Baltimore, Maryland  21205
Telephone:  410-955-6931
Fax:  410-955-2010

Applications must be received to Ms. Hammen by May 1, 2009 at 5pm (EDT)
APPLICANT INFORMATION

Name: _____________________________________________

Permanent Address: _____________________________________________

___________________________________________________________

Home Telephone: ______________________ Work Telephone (Applicable): __________

Date of Birth: ______________ Place of Birth: ______________________

Social Security Number: ____________________________ Sex: ______________________

Name of High School Attended: _____________________________________________

Name and Address of Tribal Affiliation: ________________________________________

Parents: _________________________________________________________________

College or University attending (Name, City and State): _________________________

Intended Major: ____________________________________________________________

School Activities: __________________________________________________________

Community Activities: _________________________________________________________

Athletics Activities: _________________________________________________________
Essay: See topic above and present on separate sheet(s) of paper.

Parents or Guardian

Full Name: _____________________________________________________________

Address: _________________________________________________________

_____________________________________________________________________

Telephone: _____________________________________________________________

List Other Financial Assistance Applied for and/or receiving:

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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION ON INFORMATION ON THE APPLICATION RENDERS IT SUBJECT TO REJECTION AND INELIGIBILITY.

____________________  ______________________
Student Signature         Date

TO THE BEST OF MY KNOWLEDGE, THE ATTACHED ACADEMIC INFORMATION IS ACCURATE.

____________________  ______________________
High School Counselor Signature         Date
Native Vision Scholarship
Letter of Reference

Teacher or Instructor

Applicant Name: _________________________________________________________

Field of Study: ____________________________ Related Field: ________________

Degree Sought: ______________________________

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant’s potential for success in his/her field of study. Feel free to attach a letter of recommendation instead.)

Signature of Respondent __________________________________Date: ____________

Name and Title of Respondent: ______________________________________________

Dept. or Position: _________________________________________________________

Institution (or Employer): __________________________________________________

My Relationship to the applicant is: _____ Teacher _____Other (Please Explain) ______________
Native Vision Scholarship
Letter of Reference

Individual (non-family member)

Applicant Name: ______________________________________________________

Field of Study: ____________________________ Related Field: ___________________

Degree Sought: ______________________________

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant’s potential for success in his/her field of study.)

Signature of Respondent ______

____________________________Date: ____________

Name and Title of Respondent: ______________________________________________

Dept. or Position: _________________________________________________________

Institution (or Employer): _________________________________________________

My Relationship to the applicant is: _____ Teacher ___ Other (Please Explain) _____________
Native Vision Sports and Life-Skills Camp  
June 11-13, 2009, Whiteriver, Arizona
Camper Registration

*Please Print
NAME: __________________________  PHONE#: ( )
ADDRESS: ______________________  CITY: ______________________
STATE: _______ ZIPCODE: _________  TRIBE: ______________________
SCHOOL NAME: __________________________  
CURRENT GRADE: _______ AGE: __________
1st choice sport: ______________  2nd choice: ____________ Please Circle: MALE OR FEMALE
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)
NAME: __________________________  PHONE#: ( )
ADDRESS: ______________________  CITY: ______________________
STATE: _______ ZIPCODE: _________  TRIBE: ______________________
SCHOOL NAME: __________________________  
CURRENT GRADE: _______ AGE: __________
1st choice sport: ______________  2nd choice: ____________ Please Circle: MALE OR FEMALE
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)
NAME: __________________________  PHONE#: ( )
ADDRESS: ______________________  CITY: ______________________
STATE: _______ ZIPCODE: _________  TRIBE: ______________________
SCHOOL NAME: __________________________  
CURRENT GRADE: _______ AGE: __________
1st choice sport: ______________  2nd choice: ____________ Please Circle: MALE OR FEMALE
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)
NAME: __________________________  PHONE#: ( )
ADDRESS: ______________________  CITY: ______________________
STATE: _______ ZIPCODE: _________  TRIBE: ______________________
SCHOOL NAME: __________________________  
CURRENT GRADE: _______ AGE: __________
1st choice sport: ______________  2nd choice: ____________ Please Circle: MALE OR FEMALE
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)
NAME: __________________________  PHONE#: ( )
ADDRESS: ______________________  CITY: ______________________
STATE: _______ ZIPCODE: _________  TRIBE: ______________________
SCHOOL NAME: __________________________  
CURRENT GRADE: _______ AGE: __________
1st choice sport: ______________  2nd choice: ____________ Please Circle: MALE OR FEMALE
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)

Contact Marlena Hammen at (410) 955-6931 or email mhammen@jhsph.edu with questions or fax registration forms to Marlena at (410) 955-2010.
Native Vision Sports and Life-Skills Camp
June 11-13, 2009, Whiteriver, Arizona

Chaperone Registration
(There must be 1 chaperone per 6 participants & over 21 years of age)

*Please Print

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

NAME: _______________________________ PHONE#: ( ) ______________________
ADDRESS: __________________________ CITY: ____________________________
STATE: _______ ZIPCODE: ___________ EMAIL ADDRESS: ____________________
PLEASE CIRCLE: MALE OR FEMALE

*Miles will you travel ONE-WAY from your home site to camp in Whiteriver, Arizona?
__less than 100 miles; __100-200 miles; __205-300 miles; __300 plus miles (ONE-WAY)

*All-Star Basketball Game Participants

NAME: _______________________________ TRIBE: _____________________________
SCHOOL NAME: __________________________ AGE: _______ POSITION: ______________
CURRENT GRADE: _______ CURRENT GRADE: _______ AGE: _______ POSITION: ______________
Please Circle: MALE OR FEMALE

NAME: _______________________________ TRIBE: _____________________________
SCHOOL NAME: __________________________ AGE: _______ POSITION: ______________
CURRENT GRADE: _______ CURRENT GRADE: _______ AGE: _______ POSITION: ______________
Please Circle: MALE OR FEMALE

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or fax registration forms to Marlena at (410) 955-2010.