



**This is Your Invitation to Bring Youth From Your Community to  
The 13<sup>th</sup> 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 11<sup>th</sup> 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**

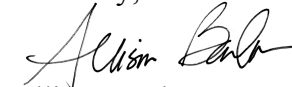
We must insist that you send **at least 1 chaperone for every 6 students.** We ask you to choose chaperones who are 21 years of age or over and who are committed and strong leaders. We are well aware how strenuous a job chaperoning can be. In order to help the camp experience be as productive as possible, 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 Marlana Hammen at (410) 955-6931 or email [mhammen@jhsph.edu](mailto: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:**

Source

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> choice sport: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ Please Circle: MALE OR FEMALE  
(Football, Soccer, Basketball, Volleyball, Lacrosse or Running)



***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: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
Please Circle: MALE OR FEMALE

NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
Please Circle: MALE OR FEMALE

Contact Marlena Hammen at (410) 955-6931 or email mhammen@jhsph.edu with questions  
or fax registration forms to Marlena at (410) 955-2010.