2013 SAIGE YOUTH PROGRAM PRESS RELEASE

SAIGE Announces Youth Program at 10th Annual National Training Program

The Society of American Indian Government Employees (SAIGE) is a national non-profit organization that advocates for American Indian and Alaska Native Government employees. SAIGE will host their 10th annual National Training Program, *Guiding Our Destiny with Heritage and Traditions,* June 3-7, 2013 in Spokane, Washington, at the Northern Quest Resort & Casino, owned by the Kalispel Tribe.

As part of the Training Program, SAIGE will also host the annual Native Youth Program. This program is designed to provide Native American students an opportunity to learn about careers within the federal government, to participate in professional and personal development workshops and leadership training, and to network with Native American professionals.

SAIGE encourages Native American youth to realize their potential to become leaders in their communities and schools, continue their educations by obtaining a college degree, and ultimately, to seek a career in the government sector in one of the multitude of civil service professions. Federal agency representatives attending the conference will have the opportunity to participate as Exhibitors, meet students, and promote career opportunities within their respective agencies.

SAIGE is offering a limited number of scholarships for Native students to attend the 2013 Training Conference June 3-7, 2013 in Spokane, Washington. The scholarships will include conference fee, airfare, hotel accommodations and meals.

The Youth Program is open to Native Students between the ages of 18 and 25 who can demonstrate they are currently enrolled in good standing at an accredited high school, college or university. Students must be interested in gaining a professional degree and in the possibility of pursing a career with the federal government. SAIGE invites American Indian/Alaska Native students to submit their application form, letter of reference, proof of school enrollment, and completed emergency medical information form for consideration to attend the conference. A short essay about their interest in government careers and information about themselves is also required. Completed application packets must be postmarked or electronic copies sent no later than **April 1, 2013**. To obtain a complete application visit our website at: www.saige.org under Youth Program.

We look forward to you joining us in Spokane, Washington

Contact: JoAnn Brant Youth Program Coordinator (202) 564-0375

brant.joann@epa.gov

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES

Student Youth Program Application

CHECKLIST

Make	e sure you have enclosed the	following materials	
	Letter of Reference		
	Completed Application		1
	Essay		
	Signed Student/Parent Con	tract, Signed Pictur	e Release Statement

THE APPLICATION CLOSING DATE IS <u>April 1, 2013</u>

FIRM. PLEASE MAKE SURE THAT YOUR APPLICATION AND ALL MATERIALS ARE POSTMARKED or e-mailed NO LATER THAN <u>April 1, 2013</u>

Application for Admission to SAIGE Youth Program

Name:						
Address: Zip		C	City:			State
Phone:		Birt	hdate/A	ge:		
School		Grade(Next fall):		
EMail	101	-11		71		
Tribal Affiliation (If A	Available, en	rollment #)				
Name/Phone of Pare	ent or Guard	ian if under	21yrs ol	d:		
Name/Phone Emerg (If Different)	ency Contac	t:	<i>ل</i> چا			
Nearest airport to yo	our residence	e:	\			
T-Shirt Size:	XS S	M L	XL	XXL		
Special Needs or Die Restrictions:					L	

ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SHORT ESSAY WHICH INCLUDES:

- Your interests and activities.
- Your educational goals and interests.
- What agency/department of the federal government would you like to learn more about and why?
- What professions/career fields are you most interested in and why?
- What strengths do you have to offer your tribe/community/workplace?

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES Student Youth Program and Conference Letter of Recommendation

Student: Please give this to an adult who knows you and who is familiar with your schoolwork, interest in government employment, or work qualities (for example, a teacher, job supervisor, tribal leader, elder, etc. NOT A RELATIVE).

Respondent: The individual named on this form is being considered for participation in the National Society of American Indian Government Employees (SAIGE) Conference Youth Program. The Youth Program Conference provides Native American students an opportunity to learn about careers within the Federal Government, to meet American Indian and Alaska Native federal employees, and to gain first hand experience in understanding the positive role that Native employees can play in enabling their respective agencies to better fulfill the federal trust responsibility and honor the unique federal-tribal relationship. PLEASE ADDRESS THE QUESTIONS LISTED BELOW ON A SEPARATE SHEET OF PAPER, OR USE THEM AS A GUIDELINE IN WRITING A LETTER OF RECOMMENDATION FOR THE STUDENT.

Your letter is confidential: **Please note the deadline for receiving applications and related materials.** Send the letter to: JoAnn Brant, Youth Program Coordinator, Society of American Indian Government Employees, PO Box 7715, Washington, DC 20044-7715. Any questions, please phone her at: 202.564.0375 Fax: 202.564.7771 Email: brant.joann@epa.gov

Applicant's Name:	_
 How well and for what length of time have you known the applicant? Please describe the applicant's attitude toward school & education. Has the applicant discussed his/her career goals with you? What are they? Please include any additional information or comments that might help us evaluate the applicant's qualifications, i.e. strengths, experience. 	
Signature of Respondent:	
Name & Title of Respondent:	
Address:	
Dhono: E mail	

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES Youth Program and Conference

Student Contract

Acceptance to the SAIGE Student Youth Program Conference is a privilege, but it also
requires students and parents to assume certain responsibilities.

STUDENT: I, ______, as part of the Society of American Indian Government Employees National Conference and Youth Track accept the conditions stipulated below:

- 1. I will participate in, and be on time to, all sessions and activities unless excused by a staff member.
- 2. I will conduct myself as an adult and be respectful and courteous as a representative of my Tribe.
- 3. If attending from out of town, I will sleep where assigned, recognizing that I may be rooming with people I have never met.
- 4. I will not use drugs or alcohol during the Youth Program and I will adhere to the assigned curfew and other rules.
- 5. I understand that all forms of harassment and discrimination are prohibited.
- 6. I understand that I will be held responsible and will provide payment for any damage to equipment or facilities if such damage is attributable to me/my actions.
- 7. I understand that there must be quiet time between midnight and 5:30 am.
- 8. I will adhere to these and all other rules of the SAIGE Youth Program Conference. I understand that should I violate this contract, I will not be allowed to attend the conference and/or my return travel arrangements will be revoked and I will be sent home AT MY OWN EXPENSE.

Signature of Student:			
Date:			
Picture Release Statement: I he connection with the Society of Ame Youth Program Conference and to be articles, videos and related media of	rican Indian Gov be used in newsp	ernment Employees papers, television, ma	(SAIGE) agazine
Signature of Student:			

SOCIETY OF AMERICAN INDIAN GOVERNMENT EMPLOYEES Youth Program and Conference

EMERGENCY INFORMATION and PARENT CONTRACT (To be filled out by the parent/guardian if under 21 yrs.)

Student Name		
Phone:		
Address:	City:	State
Zip		
Parent/Guardian:	Work phone:_	
Relationship to Student:		
Physician Name & Address:		
	Phon	e:
Medical Coverage:		
Insurance/Group Number and Informat	ion:	
Is your son/daughter eligible for contra	ct health care coverage fro	om IHS?
IHS Clinic Name and phone:		
Does your son/daughter have any phys	ical disabilities?	
(explain)		
Does your son/daughter wear glasses o	or contact lenses? Ha	ave Allergies? (explain)
Hay Fever? Sinus Problems? A	llergies to Bites/Stings?	V (1)
Has your son/daughter had any major i	Ilnesses in the past 5 years	s?
Is your son/daughter currently taking a	ny medication, if so what i	s it?
Does your son/daughter require any sp	ecial (emergency) medicat	ion?
Please list any other information which necessary)	you feel is important: (use	e additional page if

SAIGE PARENT/GUARDIAN AGREEMENT

PARENT/GUARDIAN: I have read, understand and agree with the above terms. Permission is given for my son/daughter to participate in all activities and events, and for them to receive all necessary medical attention should the need arise, with the understanding that I will be notified as soon as possible. Furthermore:

- I understand that the Society of American Indian Government Employees (SAIGE) or their designated chaperones/mentors will not be responsible for any theft, accident, injury, or illness where my son/daughter is concerned.
- 2. I give permission for any chaperone or staff member to render first aid if necessary.
- 3. I understand that as part of my son/daughter's application, this STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
- 4. I understand that my son/daughter will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
- 5. I understand that no drugs or alcohol use are permitted and that if my son or daughter is caught under the influence, she/she will be sent home immediately AT MY OWN EXPENSE.

Parent/Guardian: Printed Name _		
Signature:	/ 1	
Date:		