

Education and Career Services

Stockbridge-Munsee Community
P. O. Box 70
W12635 County Rd A
Bowler Wisconsin 54416

Phone: 715-793-4353 Fax: 715-253-2436

www.mohican.com



		Summer You	uth at I	Home Ap	plication	on		
YOUTH INFORMATION								
First Name	MI	Last Name	Date of Birth		Grade Attend		ling School	
Street Address			City	1		State	Zip Co	ode
Contact Phone Alternate Conta			ct Phone Emai					
Tribal Affiliation (if applicable) Enrollment Numb			,		Are you a US Citizen Yes No			Gender Male □ Female □
Full Name of Parent or Legal Guardian			Parent Tribal Affiliation (if applica					
MENTOR INFORMATION	(Mus	t be parent or leg	al guard	ian)		I		
First Name	Last N	Jame	Tribal Affiliation (if app			licable) Enrollment Number (if applicable)		
Street Address			City			State	Zip Co	ode
Contact Phone Alternate Co		Alternate Contact F	ntact Phone		Email:			
SCHEDULE					l .			
Task/Chore	Day of the week		Scheduled Hours		urs	Location		

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education and Career Services Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program procedures in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education and Career Services Program's Handbook.

Youth's Signature	Date	Parent/Guardian Signature (If Applicable)	Date