Dear Participant:

We would like to invite you to participate in an exciting project designed for American Indian high school boys who are going into grades 10-12 in the Mesa Public Schools or Phoenix Union High Schools. This project is about helping young American Indian boys be college and career ready and preparing their parents to assist.

We have a strong team creating this program that includes the Phoenix Indian Center, Mesa Public School Native American Program, Phoenix Union High School District Native American Program, Native American Connections and Native Health. We need you to complete the team—you’ll have the opportunity to provide input and help build this important program!

The enclosed permission form tells more about the program. If you would like to participate, please sign the form and return it immediately.

We are looking for the high school boys to participate in this project for one school year. During that time, you will have the opportunity to participate in a summer career exploration in mid-July and be paid a stipend to participate while job shadowing in the workforce. Additionally, you will have the opportunity to receive valuable services being provided to you to help you become successful and well prepared for the workforce along with support services for your family.

If you have any questions, please call us right away. We are prepared to answer your questions and get you registered for this exciting program!

We look forward to hearing from you!

Thank you,

Jolyana Begay
Program Manager
Phoenix Indian Center
602-264-6768
jbegay@phxindcenter.org

Theresa Price
Native American Prog
Mesa Public Schools
480-472-0582
tnprice@mpsaz.org

Judy Basham
Native American Prog
PUHSD
602-764-1302
basham@phxhs.k12.az.us
Will you be entering 10th-12th grade this upcoming school year?

Are you American Indian or Alaska Native Male attending the Phoenix Union High School District or Mesa Public Schools?

If you answered YES to both of these questions, you are exactly who we are looking for to participate in this exciting project!

What is it?
A program for American Indian high school boys attending Mesa Public Schools or Phoenix Union High School District focusing on college and career readiness.

What will I do if I choose to participate?
If you agree to participate, you will participate in:
- Summer Career Exploration: The first work experience will take place this summer (July 2014) where you will participate in a two week paid work experience setting and explore various business arenas to learn more about different careers and gain valuable work skills
- Beginning in September, attend one Saturday a month, a session that includes information on topics to help you prepare on college and career readiness topic and behavioral health. [exact days forthcoming]
- Two college and career success seminars will be held annually as an event for parents, family members, and youth. [exact dates forthcoming]
- Direct access to valuable services for you and your family

When?
Beginning July 2014 to continue through the school year.

Why should I participate?
You will improve your decision-making skills, learn more about career opportunities and how to effectively prepare, becoming college and career ready. In addition to gaining valuable skills to help you prepare for college and career, you will be paid for participating in the summer internship.

To participate, follow these three simple steps:
1. If you will be a 10th, 11th, and 12th grader in August, 2014, ask your parent or guardian if it’s okay.
2. Fill out the attached consent forms.
3. Return packet to the Phoenix Indian Center either by mail, fax, or email attachment
Call us at 602-264-6468 and ask for Jolyana if you have any questions

Mailing Address: Phoenix Indian Center, 4520 N Central Ave, Suite 250 Phoenix, AZ 85012
Fax: 602-274-7486
Email: jbegay@phxindcenter.org
## PROGRAM QUICK GLANCE

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Date</th>
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<tbody>
<tr>
<td>Registration deadline to participate in summer program</td>
<td>June 30, 2014</td>
</tr>
<tr>
<td>Upon acceptance to the program, you will take the <em>Live Career</em> Inventory online and share your results with us</td>
<td>by July 9, 2014</td>
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<tr>
<td>Schedule a time to meet with staff to discuss the results</td>
<td>by July 9, 2014</td>
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<tr>
<td>Summer Career Exploration program occurs</td>
<td>July 14-28, 2014</td>
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<tr>
<td>Two weeks – appx. 9AM to 5PM</td>
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<td>Participants receive a weekly stipend</td>
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<td>Transportation and meals provided</td>
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<tr>
<td>Participant recruitment continues</td>
<td>Ongoing</td>
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<tr>
<td>Monthly Saturday seminars (aprx 4 hours each)</td>
<td>August, 2014 and</td>
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<tr>
<td>Topics such as interview skills - resume writing - the world of work - meet experienced people in your career field of interest – learn how to effectively prepare for your field of interest – get connected with training schools and colleges of interest – learn how to apply to college and financial aid process, setting and achieving goals, and much more including topics designed by you – the participants!</td>
<td>monthly thru June, 2015</td>
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<tr>
<td>Attend one of two College Success Seminars</td>
<td>Fall, 2014 and</td>
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<tr>
<td>Participant and parent/guardian attend</td>
<td>Spring, 2015</td>
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<tr>
<td>Meet and greet with several college recruiters</td>
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<tr>
<td>Learn from current college students the struggles and how to overcome difficulties in college</td>
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<tr>
<td>Get connected with several resources</td>
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<td>Gain details on the financial aid process and access to scholarships</td>
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<tr>
<td>Opportunity for social support services as needed</td>
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<tr>
<td>Other topics or special sessions as designed by you - the student participants!</td>
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</tbody>
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REGISTRATION FORM

Student Information

Student Name: ______________________________ Grade: ________ Gender: ________

School: _____________________________________ School District: _______

Phone Number: ______________________________ Email: ______________

Home Address: ____________________________________________

Tribal Affiliation: _______________________________________

Parent Information

Parent/Guardian Name: ______________________________________________

Phone Number: ______________________________ Email: ______________

SIGNATURES:

By signing below, you indicate that you want to participate in this exciting program and that your parent/guardian supports your participation.

____________________________________ ________________
Printed name of student Printed name of parent/guardian

____________________________________ ________________
Signature of student Date Signature of parent/guardian Date

Participant Release, Indemnity, and Assumption of Risk Statement

This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with this project. I hereby give permission for my child to participate. For my child, I agree to assume the risk of any events associated with my child’s participation, observation, or other activities that may result in any harm, injury, illness, damage or loss to my child. I hereby release, waive, and hold harmless Phoenix Indian Center, or other organizations involved in the program or any of these organizations agents, personnel or volunteers from any claims, liability, or responsibility for any such injury, illness, damage or loss. I understand the activities are voluntary, and I agree to accept the responsibility for my child’s personal safety and participation in the program. I consent to the provision of emergency medical treatment for my child to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my child’s ability to participate in any event or activity associated with the Phoenix Indian Center, I agree to discuss my concerns with my child’s physician before signing this form.

Emergency Contact/ Medical Information

Hospital/Clinic Preference: ________________________________________________________________

Physician’s Name: ______________________________ Phone: ________________________________

Allergies/Special Health Considerations: ______________________________________________________

Legal Guardian’s Name (Print): ___________________________________________________________

Relationship: ___________________________________________________________________________

Signature: _________________________________________ Date: _____________________________

Mail, Fax or Email completed form immediately. 
Upon receipt of form you will be contacted for the next steps.
PHOENIX INDIAN CENTER, INC.
Photo / Video / Audio / Written information Release

I hereby authorize and give full consent to PHOENIX INDIAN CENTER, INC. to reproduce, publish, display and/or copyright all written information, live broadcasts, still or motion photographs/videos and/or voice recordings taken by them or agents, in which I appear.

I release PHOENIX INDIAN CENTER, INC. and its funders, representatives and assignees from any and all claims, demands and causes of action of every nature and kind arising out of or connected with the use of these broadcasts, photographs, videos and/or voice recordings.

I further agree that PHOENIX INDIAN CENTER, INC. may use or cause to be used, these items for any and all exhibitions, public display, publications, commercial art and advertising purposes without limitation or reservation or any fee.

Student Information

Signed: _______________________________ Date: ______________
Print Name: __________________________
Address: _____________________________
                      __________________________
Phone: _______________________________
Email: _______________________________

If person signing is a minor, legal guardian must sign below:

Parent or Legal Guardian: _______________________________ Date: ______________
Print Name: __________________________
Address: _____________________________
                      __________________________
Phone: _______________________________
Email: _______________________________

Mail, Fax or Email completed form immediately.
Upon receipt of form you will be contacted for the next steps.