Tribal Scholars Program

Funded through Indian Education, Ketchikan Indian Community and the Ketchikan School District are partnering in a new academic initiative, the Tribal Scholars Program (TSP). All TSP courses are taught by Alaska-certificated Educators and are located at KIC’s building at 615 Stedman Street. The TSP is for students who thrive in a dynamic, community-focused learning environment, and fills an educational gap for high school-aged students.

Tribal Scholars Program Goals

- Engage Native students through personalized learning
- Increase testing competencies
- Create a learning atmosphere where Relationships, Respect and Accountability are paramount
- Correlate education to students’ lives and future aspirations

Tribal Scholars Program Elements

- Develop an individualized learning plan
- Teach Core Courses of English, Science, Math, and Social Studies from 8 a.m. until noon
- Integrate culturally-responsive teaching methods and activities into curricula
- Match students’ interests with career observation and mentoring opportunities
- Serve in community projects
- Engage in post-secondary academic camps and learning on college campuses
- Listen to guest speakers and trainers in professional and cultural pursuits
- Access community resources through on-site educational opportunities in Ketchikan, such as Discovery center, Public Library, Totem Heritage Center, among others

Students need to arrive to the youth center by 8 a.m. and will be transported by bus to Kayhi for lunch and afternoon elective classes at noon. Students may be referred by District faculty, administrators, or parents.

You can contact Sonya Skan at 228-9374 or sskan@kictribe.org or Tiffany Pickrell 228-9237 tpickrell@kictribe.org with referrals or questions.
# Tribal Scholars Program

## Student Recommendation

### Student Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Enrollment:</td>
</tr>
<tr>
<td></td>
<td>□ KHS □ Revilla □ FastTrack □ Other</td>
</tr>
<tr>
<td>Cell Phone #</td>
<td>Home Phone #</td>
</tr>
<tr>
<td>Email</td>
<td></td>
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</tbody>
</table>

### Parent/Guardian Information:

<table>
<thead>
<tr>
<th>Name(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone #</td>
<td>Home Phone #</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Please explain why you believe this student would be a good candidate for the Tribal Scholars Program?

Referred by:  
Contact Phone #:  

Ketchikan Indian Community
Tribal Scholars Applicant Information

Name ________________________________

Last          First          MI

Address ________________________________________________________________

Number ___________________________ Street ___________________________

City ___________________________ State ___________________________ Zip Code _______

Birthdate __-__-__ Age _____ Gender ___ M ___ F Present Grade ___9___10___11___12

City of Birth ___________________________ State of Birth ___________________________

How did you find out about the Tribal Scholars Program?

________________________________________________________________________

Parent/Guardian Information

Parent/Guardian #1 ____________________________________________________________

Relationship ___________________________ Parent/Guardian #2 ___________________________

Relationship ___________________________

Home Phone ___________________________ Work Phone ____________________________

Home Phone ___________________________ Work Phone ____________________________

Cell Phone ___________________________ Email ____________________________

Cell Phone ___________________________ Email ____________________________

I have reviewed this application and hereby give my permission for my student to participate in
the Tribal Scholars Program. I agree to help ensure that my student arrives at the Tribal
Scholars Program at 615 Stedman at 8:00am daily. I acknowledge that per their learning plan
through Tribal Scholars, students will return to Kayhi before 12:30pm M-F. In order to ensure
that the Tribal Scholars Program has the information needed to plan for my student’s
learning, I authorize the release of information (including special education services
documentation) from previous KGBSD Programs to the Tribal Scholars teachers.

Parent/Guardian Signature ___________________________ Date __________
Tribal Scholars Applicants, please answer the following questions:

1) Why are you interested in being a part of the Tribal Scholars Program?

2) What are your plans for the next five years?

3) Who are two people who have helped you the most in your life? What did they do for you?
Field Trip/Community Experience Permission Form

I hereby give my permission for ____________________________, who attends the Tribal Scholars Program, to participate in various field trips related to the individual learning program designed for ________ during the 2019-2020 school year. Field trips will be supervised by qualified adults employed by the Ketchikan Gateway Borough School District and/or the Ketchikan Indian Community. Field trips may include, but are not limited to, trips to cultural sites, visits to the Ketchikan Public library, Totem Heritage Center, various parks, agencies or businesses within the community. Transportation for field trip activities will be provided by, KGBSD District bus/vehicle, KIC bus/vehicle, public transportation, or Laidlaw contracted bus services.

In the event of an accident or injury, as parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the Tribal Scholars staff-in-charge to obtain emergency care for your student, neither the staff-in-charge, the Ketchikan Gateway Borough School District, or Ketchikan Indian Community assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Please complete the following:

<table>
<thead>
<tr>
<th>Student Physical Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student home phone:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Any medical conditions the student may have including allergies:</td>
</tr>
<tr>
<td>Parent/Guardian contact numbers—home, work, cell, etc.</td>
</tr>
<tr>
<td>In the event of an emergency, two contacts-names and phone numbers, in case a parent/guardian cannot be contacted.</td>
</tr>
</tbody>
</table>

I have read the attached permission form and understand that the Tribal Scholars Program will make every reasonable effort to provide a safe environment during any field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips. This permission form expires at the end of the 2019-2020 school year.

__________________________
Signature of parent or guardian

__________________________
Date