



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
HISTORY & CULTURE CENTER

Native Nations Youth Council Application

Full Name: _____

Address: _____

Youth Cell: _____ Youth Email: _____

Parent Cell: _____ Parent Email: _____

Birthdate: _____ Youth Age: _____

Tribal Affiliation: _____ Enrollment Number: _____

T-Shirt Size: _____ Jacket Size: _____

Name of College/University or School if applicable:

Expected Date of Graduation: _____

Applicant Signature _____ Date _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____