Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
CENTER OF HISTORY & CULTURE + EDUCATION

# Native Nations Youth Council Application

Youth's Full Name: _____

Address: _____

_____

Youth's Cell: _____ Youth's Email: _____

Date of Birth: _____ Age: _____

Tribal Affiliation: _____

Tribal Descendancy:

☐ Self ☐ Parent ☐ Grandparent

Enrollment Number: _____

T-Shirt Size: _____ Jacket Size: _____

Name of School, College, or University, if applicable:

_____

Current Grade: _____

Expected Date of Graduation: _____

Applicant Signature: _____ Date: _____

If applicant is under the age of 18:

Parent's Cell: _____ Parent's Email: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

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