The Summer 2019 University Program Application

Applications must be postmarked by Friday, April 12, 2019.

Admission requirements for the Summer University Program of The Indian University of North America®, a partnership between Crazy Horse Memorial Foundation and the University of South Dakota, are as follows:

- Applicants must be 17-21 years of age when the program commences.
- Applicants must possess a high school diploma (regular curriculum) before the program commences with a cumulative grade point average or equivalent of 2.6 for regular admission. Students with cumulative GPA's below 2.6 may be considered for provisional acceptance.
- ACT or SAT scores are required at the time of application. The composite ACT score for regular admission is 21; the SAT score for regular admission is 990. ACT scores below 21 and SAT scores below 990 may be considered for provisional acceptance.
- Preference is extended to enrolled members of federally recognized tribes, however, the university is open to all qualified students.
- Applicants must possess a need for the curriculum offered.
- Completion of a questionnaire on why the applicant is interested in the program.
- Applicants, if selected, must complete a telephone interview with the admissions committee.
- All applicants must complete the admission application and provide accompanying materials postmarked by April 12, 2019. Applicants chosen for admission must submit final high school transcripts by June 1, 2019. (SAT or ACT scores must be submitted with application).

If Accepted to the Program

The following items are not required now, but are required by June 1, 2019, if accepted into the program.

- Official high school transcript. If previously attended college, official transcript of college work. Official means the transcript must be sent directly from the high school or college to the University of South Dakota. The student may hand deliver if envelope is sealed. A 2.6 GPA is required for regular acceptance.
- Proof of tribal membership, if applicable.
- Proof of immunizations. (Measles, Mumps, Rubella; Hepatitis B immunization & Hepatitis B titer; Varicella/Chicken Pox immunity; DTP/Tdap; Polio; TB Skin Tests or QFT-G Blood Test).
- Proof of medical insurance and copy of insurance card and ID#.
- Submission of Emergency Contact Information.
- Medical prescriptions to assure adequate medication over the 8 week program.
- Recommitment to agree to Rules of Conduct signed statement.
- Tracking Authorization Form (FERPA) signed statement.
- Signed Computer Use Policy Statement.
- Payment of $50.00 Deposit - can pay at check in on June 7, 2019.

Applications that are not complete by the April 12th deadline will not be considered during the priority interview and selection process. Students applying or completing their files after the deadline of April 12, 2019, may be considered for acceptance on a space available basis after priority applicant decisions are finalized.

An admission committee will review all applications. Up to thirty-two qualified students and four alternates will be chosen. All students will be notified in writing, by e-mail and telephone of their status. Decisions will be finalized and students will be notified as the committee makes the decision.
PERSONAL INFORMATION - Please type or print neatly in black ink. Failure to complete all applicable portions of this application may result in processing delays or make this application impossible to process.

Last Name: ____________________________________ First: ___________________ Middle: __________________

Preferred Name: ________________________________________________________________

Permanent Street Address:

City: __________________ State: ___________ Zip Code: __________________

E-Mail Address: ________________________________________________________________

Home Phone: ___________________ Cell Phone: ___________________ Work Phone: __________________

Date of Birth: ___________________ Sex: □ Female □ Male

Tribal Affiliation: _____________________________________________________________

Enrollment No.: ____________________________________________________________

Home Agency & Address: __________________________________________________________________________________________________

Other Tribal Affiliation: __________________________________________________________________________________________________

EDUCATIONAL INFORMATION - Please list the high schools you have attended or are attending (beginning with the most recent), include your graduation date or expected date of graduation.

School Name: __________________________________________ City: __________ State: _______ Date: __________

School Name: __________________________________________ City: __________ State: _______ Date: __________

Cumulative GPA: __________________________________________

Please list the undergraduate colleges/universities you have attended (beginning with the most recent).

School Name: __________________________________________ City: __________ State: _______ Dates: __________

School Name: __________________________________________ City: __________ State: _______ Dates: __________

Undergraduate Major: ______________________________________________________

Current Cumulative Undergraduate GPA: ______________________________________

Will you plan to return to this college in the fall term: □ Yes □ No □ Don't Know

AWARDS AND ACHIEVEMENTS - Please list any special awards, achievements, offices held, or memberships which you would like to have considered. (Please attach a separate sheet if necessary.)

SPECIAL INTERESTS - Please describe your special interests in life. (Please attach a separate sheet if necessary.)

INTERNERSHIP PREFERENCE - The summer program includes paid internships for accepted students. Please place a check mark by the area you would most like to work. You may check ALL areas that interest you.

□ Welcome Center □ Ticket Office □ Tour Guide □ Restaurant / Snack Shop □ Gift Shop □ Museum/Cultural Center

Participation in the program includes placement in a paid working internship at the monument for 20-22 hours per week. Your internship hours will be established around your other classes. Each student will be required to work over the weekend.
PROFESSIONAL CONDUCT - Please answer the following questions with “Yes” or “No”:
(If you answer yes, please elaborate in the space provided)

1. Have you ever been convicted of a crime?  Yes ☐ No ☐ If yes, please describe ________________________________________________
2. Are you currently on probation through the courts? Yes ☐ No ☐ If yes, please describe _______________________________________

AGREE TO STATEMENT OF INTEGRITY - Please review the Statement of Integrity below. Only applicants who agree to abide by the “Statement of Integrity” will be considered.

We are committed to honesty, fairness, trust, respect, and taking responsibility for our actions. These values are vital to our academic community. As students, faculty, and staff of the University of South Dakota, we make firm our commitment to integrity in word, work, and conduct. We agree to represent all work honestly, to abide by the professional and ethical standards of each discipline, and to insist upon the same commitment from all members of our academic community.

☐ I have read and agree to abide by the “Statement of Integrity” if I am accepted to the program. A check mark indicates agreement.

INFORMATION REQUEST - The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect admission. We are asking now to avoid a separate request once a student becomes enrolled. We use the data in aggregated form only to comply with federal reporting requirements.

1. Please indicate if you are of Hispanic/Latino(a) ethnicity: (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)
   ☐ Hispanic/Latino(a) ☐ NonHispanic /Latino(a)

2. Please indicate your race (mark one or more):
   ☐ American Indian/Alaska Native (Origins in any of original peoples of North America, and who maintains Cultural identification through tribal affiliation or community recognition)
   ☐ Asian (Original peoples of the Far East, Southeast Asia, the Indian subcontinent such as China, India, Japan, & Korea)
   ☐ Black/African American (Origins in any of the black racial groups of Africa)
   ☐ Native Hawaiian/Other Pacific Islander (Origins in any of original peoples of the Pacific islands such as Philippine Islands, Samoa, and Hawaii.)
   ☐ White (Origins in any of the original peoples of Europe, North Africa, or the Middle East)

SELECTIVE SERVICE - Pursuant to South Dakota Codified Law 13-53-1.1, no male person born after December 31, 1959, may enroll at any state-supported college or university until he has answered the below statement in the affirmative:

Do you certify that you are registered with the Selective Service pursuant to the Military Service Act, 50 U.S.C. 453, as amended and in effect as of January 1, 1988, or that for a reason specified in 50 U.S.C. 453, you are not required to be registered?

Signature: ______________________

PERSONAL STATEMENT AND APPROVALS TO SHARE INFORMATION:

☐ If selected and attending the summer program, I authorize Crazy Horse Memorial Foundation to use my image, likeness and voice recordings in their entirety or any portion thereof in connection with promoting the program and the Memorial’s events and activities. A check mark indicates agreement.

☐ If selected and attending the summer program, I agree and acknowledge that a payroll deduction is authorized from my paid internship for my $50 deposit and my $800 share of lodging and food costs. The owed amount will be deducted in increments until paid in full. A check mark indicates agreement.

I hereby certify that the information supplied by me to the Summer University Program sponsored by Crazy Horse Memorial Foundation and the University of South Dakota is true and correct to the best of my knowledge. My signature below also represents agreement to The Working Internship, the Rules of Conduct and the Statement of Integrity. I also understand that if accepted to the program, I am responsible for submitting proof of required immunization and health insurance information before June 1, 2019, as well as official high school and/or college transcripts. Finally, my signature below authorizes the University of South Dakota to share application information with the Crazy Horse Memorial Foundation and if accepted to the program, I also approve the University of South Dakota to share my academic results with the Crazy Horse Memorial Foundation since they sponsor the program.

Name (printed) ______________________ Signature: ______________________ Date: ________________
QUESTIONNAIRE - Please complete this short questionnaire.

Why do you wish to participate in the 2019 summer program at Crazy Horse?

What are your post-secondary educational goals and why the interest?

Describe the status of your current preparations for college: high school rigor, ACT testing/results, college acceptance, FAFSA, Tribal Higher Ed and/or scholarship applications, etc.

Have you or are you currently enrolled in any college courses, including DUAL credit, AP, and/or on-line classes? If yes, please list, e.g., English 101 College Composition.

Is there any reason why you would be unable to fully participate in the 8-week summer University program [Friday, June 7th through Saturday, August 3rd]?

All documentation and application materials should be sent by April 12, 2019 to:

Summer Program of the INDIAN UNIVERSITY OF NORTH AMERICA®
Attn: Crazy Horse Application | The University of South Dakota
414 East Clark Street | Vermillion, South Dakota 57069-2390 | Email: cde@usd.edu