



YUROK TRIBE LANGUAGE PROGRAM

SCHOLARSHIP APPLICATION

Kee Laa-yo-lue-mehl Scholarship (They will Teach)

Yurok Language Project: Bridging the Language Gaps from Preschool through College
Applications due January 13, 2017

The Yurok Language Program is proud to announce the availability of 6 scholarships in the amount of approximately \$3,000/semester for a five year period. Students awarded a scholarship will also earn additional stipends for participation in language activities.

The Administration for Native Americans awarded a 5-year grant to the Language Program to fund:

1. Candidates who will gain the knowledge and fluency in Yurok Language necessary to pass the Advanced Yurok Credential Assessment **and** will earn a Life-Time Native Language Teaching Credential.
2. Candidates who will complete training in the teaching of Yurok Language **and** will provide language instruction to language learners in pre-school to college.
3. Candidates who will obtain a Bachelor's Degree jointly with a Standard California Teaching Credential, Master's Degree, or Administrative Credential.

The Language Program seeks candidates who:

- ✓ Intend to teach Yurok language in addition to other subject areas in the local early education centers, school systems, or colleges.
- ✓ Have some knowledge, or are willing to learn, the Yurok Language.
- ✓ Have earned at least 36 college units at a junior college or university.
- ✓ Have completed their Master's/PhD degree and would like to teach Yurok in the college system.
- ✓ Will complete their B.A./B.S. and Teaching Credential or M.A./M.S. by 2021 or within 5 years of award.
- ✓ Have applied for FAFSA or are utilizing other funding sources.

Please be advised:

- ✓ Students are expected to fully participate in all other Yurok language learning activities, including Yurok language tutoring, language PODs, classes, language camps and teaching assignments in order to remain active in the program.
- ✓ Students who do not complete all requirements of the program will be expected to pay the award back in full.

The Language Program will offer a Language Specialist who will assist each student throughout the academic semesters with Language trainings, resources and educational goals.

If you have any questions please feel free to contact the Yurok Language Program at (707) 482-1350

Victoria Carlson, Language Coordinator: extension 1337 / vcarslon@yuroktribe.nsn.us

Barbara McQuillen, Assistant Language Coordinator: extension 1332 / bmcquillen@yuroktribe.nsn.us

Brittany Vigil-Burbank, Language Specialist: extension 1333 / bvigil@yuroktribe.nsn.us



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Application Instructions:

Applicant must meet the following requirements to be eligible to compete for this scholarship:

- Applicant must be an enrolled Yurok tribal member or Yurok descendant (contact YT Enrollment Department for proof of descendancy)
- Student must provide proof of school enrollment or proof of future enrollment by Fall 2017
- Student must remain in good standing at an accredited institution of higher education with a minimum cumulative GPA of 2.0 or better
- Student must provide a copy of their transcripts to the Yurok Language Program
- Applicants must also submit 3 letters of recommendation, to be included with the completed application
- Students need to show on the application that they have applied for at least 2 other funding sources
- Students may contact the Yurok Tribe Education Department for information about other funding options
- Applicant must complete a personal statement, no more than 2 pages, which includes:
 - ✓ A detailed description of applicant's Yurok language competency level and their experience with Yurok language
 - ✓ An explanation of their commitment to the Yurok language, the community and their education
 - ✓ A description of their education plan, career goals, and commitment to the teacher field. (E.g. where does the applicant see themselves in five years?)
 - ✓ A description of the applicants Yurok language teaching goals
 - ✓ How will this scholarship help applicant achieve their goals?
- Applicant must pass background check

Students must turn in a complete application packet postmarked by:

January 13, 2017 TO:

**Yurok Tribe
Language Program
P.O. Box 1027
Klamath, CA 95548**

All information is volunteered; however failure to fully complete all application parts may result in delays in processing this application or disqualify your application from the scholarship application process. Information provided on the application will be verified through the Yurok Language Program.



YUROK TRIBE LANGUAGE PROGRAM SCHOLARSHIP APPLICATION

Name: _____ SSN #: _____
Last First MI Maiden

Address: _____ Telephone: _____
Street/P.O. Box City State Zip Code

Date of Birth: _____ Gender: M F Full-time student YES NO

Application Request for School Year 20__ - 20__ Part-time student YES NO

Name of College or University: _____

Major: _____ Expected Graduation Date: _____

Year in Program if already started: _____ Units Completed: _____ (PLEASE PROVIDE TRANSCRIPTS)

Circle if you have any of the following: AA BA/BS MA/MS PhD Teaching Credential Other: _____

Current Cumulative GPA: _____ Yurok Competency Level: Basic Intermediate Advanced

Tribal Status: ___ Yurok ___ Yurok Descendent ___ Other: _____

Please indicate the amount of time (years) you have participated in the following Yurok Language (YL) activities:

___ YL Camp	___ Community YL Class
___ Taught YL (Head Start, JOM, etc.)	___ Pod participant
___ Yurok Language in High School	___ Master/Apprentice team
___ Yurok Native Language Teaching Credential	___ YL Workshop
___ YL Summer Institute	___ YL Intern
___ Immersion Nests/Classes	___ Other: Please list _____

Other Sources of Funding (FAFSA, employment, etc.): 1. _____ 2. _____

Have you ever been convicted of a felony drug, sexual abuse, or domestic violence crime: YES NO

Statement of Commitment: I declare that I will use my grant award to commit my efforts towards my education and to help restore the Yurok Language to the status of a living, flourishing language

Print Name _____

Signature of Student _____ Date: _____

E-Mail Address: _____

FOR OFFICE USE ONLY: Date Received: _____ Application Complete: ___ yes ___ no Items needed: _____ Date Complete: _____
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