



Indian Teacher & Educational Personnel Program
Application for Admission
Student Retention / Professional Development Program

1) Legal Name: _____ DOB: _____

Tribal affiliation: _____
SSN or Student ID# _____

Spouse Name: _____ Children: _____

Mailing Address: _____
Street City Zip

Preferred Email Address: _____

Telephone: (____) _____ (____) _____ (____) _____
Home Cell Message

2) Do you txt? _____ If Yes, can we contact you via txt? Emergency only _____ Anytime _____

3) Parents or Other PERMANENT address:

Legal Name: _____

Mailing Address: _____
Street City Zip

Telephone: (____) _____ (____) _____ (____) _____
Home Business Message

4) Do you have a MYSPACE or Facebook Account? _____
Account URL / name

5) Term / Year Applying for: Fall _____ Spring _____

Have you applied to ITEPP previously? _____ If Yes, When? _____

Name used: _____
(if different than above)

6) My proof of American Indian Political Status is attached. (Contact ITEPP (707)826-3672 for information regarding proof.)

7) My Major is: _____

My career goal(s) is/are: _____

8) References: Submit the name, addresses and phone numbers of two individuals (not related to you) whom we may contact for more information.

An academic reference

A personal / or tribal reference

Name Telephone

Name Telephone

Street City Zip

Street City Zip

9) How did you hear about us? _____

10) Please provide a one to two paragraph biography. For example describe your experience working with Indian people and organizations. Also tell us about any community activities in which you may participate, and what your educational and professional interests are.

Signature Date