

WICHOZANI HEALTH & WELLNESS PROGRAM

APPLICATION

JANUARY 13TH - MAY 9TH, 2025



APPLICANT 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. Please submit completed application to indianuniversity@crazyhorse.org

Full Name: _____ **Preferred Name:** _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Date of Birth: _____ **Tribal Affiliation:** _____ **Enrollment Number:** _____

Home Agency & Address: _____

Other Tribal Affiliation: _____

Are you a citizen of the United States? YES NO Sex: MALE FEMALE

Have you ever been convicted of a crime? YES NO If yes, explain _____

Are you currently on probation through the courts? YES NO If yes, explain _____

FAMILY INFORMATION

Did either of your parents receive a college degree? YES NO

The Indian University of North America may communicate about your application, information relevant to the admissions process, and your college experience using the contact information you provide below.

Parent/Guardian #1 _____
Last Name First Name M.I.

Phone: _____ **Email:** _____

Parent/Guardian #2 _____
Last Name First Name M.I.

Phone: _____ **Email:** _____

EMERGENCY CONTACT

Same as above

Emergency Contact: _____

Phone: _____ **Email:** _____

Relationship: _____

ACADEMIC HISTORY

Please list your cumulative college GPA and the colleges you have attended or are attending (beginning with the most recent) include your graduation date or expected date of graduation.

Cumulative GPA: _____

If your cumulative GPA is below a 2.6, please explain contributing factors:

College _____ Address: _____

From: _____ To: _____ Will you graduate YES NO Graduation from this school? Date: _____

College _____ Address: _____

From: _____ To: _____ Will you graduate YES NO Graduation from this school? Date: _____

High School Attended: _____

Date of Graduation: _____

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 honest, fairness, trust, respect, and taking responsibility for our actions. These values are vital to our academic community. As students, faculty, and staff of The Indian University of North America and Black Hills State University, 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:

- Hispanic/Latino(a)
- Non-Hispanic/Latino(a)

2. Please indicate your race (mark one or more):

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

SELECTIVE SERVICE

Pursuant to South Dakota Codified Law 13-52-1.1, 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?

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____

PERSONAL STATEMENT AND APPROVALS TO SHARE INFORMATION

If selected and attending the WICHOZANI 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.

I hereby certify that the information supplied by me to the WICHOZANI Program sponsored by the Crazy Horse Memorial Foundation, Native American Jump Start and Black Hills State University is true and correct to the best of my knowledge. My signature below also represents agreement to 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 Nov 1st, 2024 as well as official college transcripts. Finally, my signature below authorizes Black Hills State University to share application information with the Crazy Horse Memorial Foundation and if accepted to the program, I also approve Black Hills State University to share my academic results with the Crazy Horse Memorial Foundation since they sponsor the program.

Printed Name: _____ Signature: _____

Date: _____

EXTRACURRICULAR ACTIVITIES & FAMILY RESPONSIBILITIES

Please list any extracurricular activities or family responsibilities which you would like to have considered. (These may include clubs, organizations, employment, caring for family members, or responsibilities held outside of school)

AWARDS & ACHIEVEMENTS

Please list any special awards, achievements, offices held, or memberships which you would like to have considered:
