

WICHOZANI HEALTH & WELLNESS PROGRAM APPLICATION

JANUARY 24TH - MAY 1ST, 2026



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 CHMU@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 MALE FEMALE
Sex:

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

Crazy Horse Memorial University 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 from this school? YES NO Graduation Date: _____

College _____ Address: _____

From: _____ To: _____ Will you graduate from this school? YES NO 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 Crazy Horse Memorial University 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.

A small, empty square box with a black border, likely a placeholder for an image or diagram.

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:

ESSAY

Please write an essay (250-300 words) that demonstrates your ability to develop and communicate your thoughts. Some ideas may include:

- Why do you wish to participate in the WICHOZANI Program? What do you hope to contribute, and what do you hope to gain from the experience?
- What extracurricular or volunteer activities have you participated in? How have those activities prepared you for leadership or service roles?
- How do you define community, and how have you positively contributed to your community?
- What are your future career goals? How will your intended program of study (degree) assist you in achieving your career goals?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____