



University of Idaho
Indigenous Knowledge for Effective Education Program
Apprenticeship Program: Student Application

Full Name: _____ **DOB:** _____

Other names appearing on records: _____

Address: _____ **City** _____ **State:** _____ **Zip:** _____

Phone: Mobile () _____ **Work/home ()** _____

Email: _____

Tribal Affiliation: _____ **Tribal Enrollment #:** _____

Federally Recognized Tribe: _____ **State Recognized Tribe:** _____

College/University Attending: _____ **Grade level as of Fall 2024:** _____

Request for Confidential Information

This information is requested for reporting purposes and will not be used in a discriminatory manner.

Gender: _____

Are you a Veteran? Yes _____ No _____

Do you have any type of disability that will require special accommodations? If yes, please specify.



Educational Information

Current Program of Study (undecided, elementary, secondary education):

Emergency Contact Information:

Name: _____

Phone: _____



Free Response Questions

Respond to the following questions. You are welcome to draft a word processing document response and paste your writing after the respective question. You may also use more than one page if needed.

1. Why do you want to be a member of the IKEEP apprenticeship program?

2. In what ways do you envision Native heritage and culture as important to teaching and learning?

3. What knowledge and skills do you think are crucial for effectively serving Native students? Please explain your reasons.

4. How do you want to use your education to serve your community/tribal nation?



IKEEP apprenticeship scholars are expected to be full-time underclassman students and maintain a 2.5 GPA to receive scholarships. Are you comfortable with these conditions?

Yes/No

Comments:

IKEEP apprenticeship scholars are expected to attend two in-person summits and up to two Native education conferences/summits each year of the 2-year program. Are you able to able to commit to attending these events? Yes/No

Comments:

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission for IKEEP. I certify that all information provided is complete and true.

Signature of Applicant: _____ Date: _____



University of Idaho
Indigenous Knowledge for Effective Education Program (IKEEP)

Recommendation #1

TO: Advisor/Teacher/Professor/Dean/Supervisor

Re: _____
(Student's Name)

This student has applied to participate in the University of Idaho's IKEEP apprenticeship program. An advisor or other appropriate supervisor must complete the information requested below before the application can be considered. Please fill in the form, adding any appropriate comments as needed.

The evaluation below will assist in determining the student's potential to succeed in a teacher education academic degree program.

Student's GPA: _____ (if applicable)

Student's Attendance: _____ (if applicable)
(Excellent, Good, Fair, Poor)

Describe the capacity in which you know the applicant:

Applicants primary areas of interest/aptitude and additional comments:



Do you believe the applicant would be a high-quality educator of American Indian/Alaskan Native youth? Please provide a brief explanation of your response:

Signature: _____

Title: _____

**Name of School or
Organization:** _____