



# SUMMER YOUTH COLLEGE EXPERIENCE PROGRAM



## Summer Youth College Experience Program Application

### You must:

- . Be an enrolled member of the EBCI
- . Be a **rising Sophomore**, Junior or Senior
- . Have a current year GPA (grade point average) of **2.0** or higher
- . Reside in the service area of: Qualla Boundary, Cherokee, Graham, Jackson or Swain County NC.
- . Fill this application out using **only** black or blue ink.

### You must submit with this application:

- . Proof of Tribal Membership (enrollment card)
- . Social Security Card
- . Recommendation Form

**NOTE: PRIORITY WILL BE GIVEN TO FIRST TIME APPLICANTS**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

\_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ Physical Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

\_\_\_\_\_ P.O Box or Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ EBCI Enrollment Number \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Previously Participated in the SYCE Program

Parent or Legal Guardian's contact number: **(REQUIRED)** \_\_\_\_\_

**NOTE:** Due to your age (if under 18 years old) the program will communicate with your parent(s) or legal guardian concerning this application and/or your participation on the program.