



## SUMMER YOUTH COLLEGE EXPERIENCE PROGRAM



The Summer Youth College Experience Program (SYCEP) is managed by the Tribal Higher Education Program. This program is designed to provide high school students with an ACT Preparatory Course, financial management sessions and work experience to assist them in choosing degree programs and colleges/universities.

### **Applicant selection will be based on the following criteria:**

- Date a completed application is received in our office
- Priority will be given to applicants who have not previously participated in the program
- Meeting all requirements on the application

This program operates from mid-June to late July It requires attendance, positive attitude, respect, maturity, proper behavior on trips and at the assigned workplace and a serious attitude in preparing for a college education.

**Due to the short length of the program and the diversity of experiences involved, participants are not allowed to have any absences. Absences due to unforeseen circumstances will be evaluated on a case by case basis.**

Please read the application instruction to ensure that you complete all the requirements of the application.

For additional information please contact Sheena West at (828) 359-6650 or [sheebark@nc-chokeee.com](mailto:sheebark@nc-chokeee.com)



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## 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.





## SUMMER YOUTH COLLEGE EXPERIENCE PROGRAM



### Required-Pre Enrollment and/or Employment Drug/Alcohol Testing

The tribe has established certain requirements for applicants approved for participation in the Summer Youth College Experience Program. One of these requirements is to submit a pre-enrollment employment drug/alcohol screening test with favorable results (aka negative) test results. Also, once you enroll in our program you are subject to random testing for one or all of the following: drug usage, post accident and reasonable suspicion. Additionally, if behavior, actions, circumstances, incidence or accident, indicate the necessity for you to be tested after enrollment in our program, your supervisor, program specialist, program supervisor or program manager may refer you to testing.

I have read the above statement and fully understand it. I understand if I am selected to participate on on the program I am required to be tested for drug/alcohol use prior to enrollment. By signing below, I consent to drug testing in the form of hair and/or urine samples and to the testing of such samples by a a drug testing laboratory designated by the EBCI. I heareby consent to the release of the test results from the laboratory to a designated EBCI agent. I release and discharge the EBCI, its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by the EBCI base, in whole or in part upon the results of such test.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Parent/Legal Guardian for applicants under the age of 18.** I have read the material contained in this document, concerning drug/alcohol testing. I fully understand the contents and acknowledge that my dependent child is subject to a drug/alcohol screening test, both prior to enrollment and during their participation in the program.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

**|NOTE: If you are approved to participate on the program you will be notified when you are If your to go for your screening test via mail or phone call. You will be notified of your test results regardless of the outcome.**