



# Accessing Choices in Education (ACE) Initial Application

## Student Information

Name of Student (First, Middle Initial, Last)		
Student's Date of Birth:	Student's Email:	Student's Phone Number:
Students Mailing Address:	City – Zip Code:	Please check Alaska: <input type="checkbox"/> Alaska

## Parent/Caregiver information

Student's Parent/Caregiver Name	Student's Parent/Caregiver phone and email
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## Student Education Information

Please enter the name of someone who can verify the school/education program the student is enrolled in.	
Please put the grade the student is currently enrolled in.	Please choose the school the applicant is currently enrolled in.

## Types of Services

<p>Please check that you agree to email or mail one of the descandancy or shareholder tribal documents/ cards to Chugachmiut to be able to receive the scholarship. If you don't have a tribal affiliation document, Chugachmiut Heritage Preservation, an ACE staff will assist you with this.</p> <p>I agree to email or mail one of the student's Tribal Affiliation document.</p> <p>I do not have a copy of student's Tribal Affiliation document.</p>	<p>What type of services is the student interested in? (You can pick more than one.) Actual selection of providers will occur with a separate form once the application is approved.</p> <p><input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> School Supplies</p> <p><input type="checkbox"/> Cultural Workshops</p> <p><input type="checkbox"/> Language Classes</p> <p><input type="checkbox"/> College Classes</p> <p><input type="checkbox"/> Vocational Training</p> <p><input type="checkbox"/> Other</p>
If you clicked on 'Other', is there is an event that the student is interested in doing that we have not listed?	

Mark Hiratsuka, Heritage Preservation  
Program Director

Angelina Roehl, ACE Manager

Email: ACE@Chugachmiut.org

Chugachmiut  
1840 Bragaw Street, Suite 110,  
Anchorage, AK 99508-3463  
Main Number: 907-562-4155  
Toll free number: 1-800-478-4155

For Office Use Only. Received:

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# ACE Waiver and Release

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Student/Adult Name: \_\_\_\_\_

Student/Adult Name: \_\_\_\_\_

Emergency Contact Name 1: \_\_\_\_\_

Emergency Contact Phone or Email 1: \_\_\_\_\_

Emergency Contact Relation 1: \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_

Emergency Contact Phone or Email 2: \_\_\_\_\_

Emergency Contact Relation 2: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

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## Acknowledgement and Agreement

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1. **Liability Release:** I agree and consent to my or my child's participation in Chugachmiut ACE activities and assume all risks and hazards which are part of the conduct of the associated activities. I waive any and all claims against Chugachmiut, its officers, directors,

employees, contracted employees, independent contractors, instructors, facilitators, agents, organizers, and volunteers in connection with and/or arising from my or my child's participation in Chugachmiut ACE program activities. This Acknowledgement and Agreement includes an agreement to release, indemnify, and hold harmless, Chugachmiut, its officers, directors, employees, contracted employees, independent contractors, instructors, facilitators, agents, organizers, and volunteers of any kind of personal injury or property damage resulting from automobile, plane, and/or boat travel during program activities and participation in any and all program activities.

- a. I Agree
- b. I Disagree

- 2. Transportation:** I authorize Chugachmiut staff to transport my minor child in a bus, van, or car driven by an individual authorized by Chugachmiut. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

- a. I Agree
- b. I Disagree

- 3. Emergency Care:** In the event of an emergency, I authorize Chugachmiut to be the emergency health proxy for me or my child at an appropriate health care facility. I understand that I will be notified of any medical situation involving my child; but if I or the listed emergency contact(s) are unavailable, I authorize Chugachmiut to allow me or my child to receive medical treatment deemed advisable by Chugachmiut and its representatives in the event of an injury, accident, or illness while participating in Chugachmiut ACE program activities, including, but not limited to, transportation of me or my child to and from a medical facility. I authorize any necessary emergency transportation and medical treatment to be administered to me or the above-named child(ren) while participating in Chugachmiut ACE program activities. I understand that Chugachmiut does not assume liability for such emergency transportation and medical treatment and any such cost is my responsibility.

- a. I Agree
- b. I Disagree

- 4. Responsibility Statement for Termination of Minor Participating In An Activity:** As the parent/legal guardian of the child participating in Chugachmiut ACE program activities, I affirm that I will be available to receive my child in the event that they are expelled from any activity. I also affirm that the cost of transporting the student home, i.e. from one village to another, will be the responsibility of the parent/legal guardian in the even that my child is expelled from an activity.

- a. I Agree
- b. I Disagree

## Behavior Contract and Code of Conduct

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Please read the following list of expectations of you and your children while participating in Chugachmiut ACE program activities carefully before signing. If there is anything you do not understand, please discuss it with program staff prior to signing.

### **I will:**

#### **Respect members of Chugachmiut staff, adults, and others involved in program activities.**

Be polite to everyone and treat others as I would like to be treated.

Show appreciation for knowledge and expertise of teachers, Elders, and guest presenters by listening attentively.

Be respectful, peaceful, and cooperative at all times.

Abide by the rules of the program and follow the instructions given by the Chugachmiut staff and supervisors.

Respect the culture and ways of others and be respectful of their words and thoughts.

Participate in the scheduled activities to the best of my abilities.

Be always accountable for my whereabouts, agreeing to keep Chugachmiut staff informed of my plans and activities.

Refrain from any behavior deemed inappropriate or behavior that involves risk to myself or others.

#### **Respect Chugachmiut program and partner organizations equipment and facilities utilized during activities.**

#### **Show my commitment to Chugachmiut ACE program activities:**

By participating as much as I am able.

Doing my part to minimize distractions by turning off electronic equipment before entering the activity space.

**If I cause any danger, damage, or disruption in any manner to Chugachmiut or Chugachmiut employees, visitors, participants, grounds, facilities, programs and/or those of program partners, I fully understand that I will be subject to disciplinary actions up to and including expulsion from the program, recoupment of costs to repair damaged property, and may be prohibited from participating in the program or similar programs.**

I have read, fully understand, and agree to follow all the expectations listed above while participating in Chugachmiut ACE activities.

I Agree

I Disagree

Adult Participant or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Photography Release for Minor Child or Children

I hereby authorize Chugachmiut, to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Chugachmiut's print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Chugachmiut from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Chugachmiut to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Chugachmiut, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_