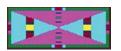


## LITTLE BIG HORN COLLEGE EXTENSION SERVICE PROGRAM AK BACHEEITCHILEWIOOSH

(Those who will become leaders)
CROW TRIBAL YOUTH COUNCIL



Student Application:  Full Legal Name:	
Address:	
Telephone Number: Age:	D.O.B
Gender:MaleFemalePrefer not to answer	Email address:
Tribal Affiliation: District:	
Indian Name:	
Ak Bacheeitchiilewioosh AlumniYesNo Ac	dult T-Shirt Size: Shoe Size
Parent(s)/Guardian(s) Name	
Contact Number Email:	
Current Grade Level for Academic Year 2023-2024: All particip	oants must be a student enrolled in school.
9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>	College 1 <sup>st</sup> YearCollege 2 <sup>nd</sup> Year
Undergraduate 1 <sup>st</sup> Year Undergraduate 2 <sup>nd</sup> Year	Graduate Student
Name of Your School:	
All applicants and parental/guardians must read the following stater If selected, I/We understand and fully commit to the LBHC Youth Oparticipate in all activities and will abide by the guidelines and police Media Release Form: I understand that my child's image may be of activities, either by the sponsor or by media organizations associate Media in attendance at the events. I understand that all images or states reserved by sponsors, for records and for future promotional purpose REQUIRED OUTDOOR SAFETY AND RECREATIONAL TO BE CONSIDERED.	Council Ak Bacheeitchiilewioosh program and will cies set forth by the program and LBHC. captured on video and/or photographed during events, d with Youth Council/UNITY, LBHC-Extension, atements recorded, videoed or photographed will be ses. APPLICATIONS DUE: 4/15/2024 &
Student Signature:	
Parent Signature:  Little Big Horn College Extension Service Office (406)-638-3114 8645 S. Weaver Dr.  Crow Agency, MT 59022 Noel Two Leggins, Youth Council Advisor twolegginsh65@lbhc.edu	Date:  Latonna Old Elk-Program Director latonna@lbhc.edu (406)-638-3139