



University of Idaho
Indigenous Knowledge for Effective Education Program
Student Application

Full Name: _____ **Birth Date:** _____

Other names appearing on records: _____

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

Phone: H# () _____ **W# ()** _____ **Email:** _____

Native American Status:

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

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

Request for Confidential Information

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

Gender: Male _____ Female _____ **Are you a Veteran?** Yes _____ No _____

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

Transcript Release Authorization

Signature: _____ **Date:** _____

Educational Information

Institution Attending/Attended:

College/University	City, State	Major	Start Date	End Date	Degree

Desired UI Teacher Preparation Program of Study:

Elementary Education: _____ Secondary Education: _____ Physical Education: _____

Early Childhood Development Education: _____

(Please Specify Secondary Content Area. Options listed below): _____

Biology, Business Technology, Chemistry, Earth/Space Science, Economics, English as a New Language, English Language Arts, Geography, Government/Civics, Health, History, Marketing Technology, Mathematics, Music, Natural Science, Physical Education, Physics, Teacher Librarian.

Employment History

Applicant’s Work History for the Last Two Years:

Employer	City, State	Job Title	Start Date	End Date	Hours Per Week

References

Please list two personal references, which have knowledge of your academic goals and employment history. References may include one relative:

Name: _____

Name: _____

Address: _____

Address: _____

Emergency Contact Information:

Name: _____

Phone: _____

Address: _____

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 cohort at UI?

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. 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 teacher of American Indian/Alaskan Native youth? Please provide a brief explanation of your response:

Signature: _____

Title: _____

Name of School or

Organization: _____

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

Recommendation #2

TO: Advisor/Teacher/Professor/Dean/Supervisor

Re: _____
(Student's Name)

This student has applied to participate in the University of Idaho's IKEEP. 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 teacher of American Indian/Alaskan Native youth? Please provide a brief explanation of your response:

Signature: _____

Title: _____

Name of School or

Organization: _____