



# University of Idaho

## 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:







6. IKEEP scholars are expected to take 6 credits of course work at the University of Arizona's American Indian Language Development Institute during June 2019 and June 2020. Tuition and living stipend are provided by IKEEP. Will you be able to attend fulltime class in Tucson, Arizona June 2019?

YES/NO Other: \_\_\_\_\_

7. IKEEP scholars are expected to attend fulltime classes during the academic school year. IKEEP scholars may not work more than 20 hrs a week while in school fulltime and receiving a monthly living allowance. Will you be able to enroll in full-time course in fall 2019?

YES/NO Other: \_\_\_\_\_

**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:

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Applicants primary areas of interest/aptitude and additional comments:

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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:

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<b>ACADEMIC PREPARATION</b>	STRONG	GOOD	AVERAGE	WEAK	VERY WEAK
Study Skills					
Mathematics					
Writing					
Reading					
<b>PERSONAL QUALITIES</b>					
Self-Motivation					
Self-Discipline					
Initiative					
Consistency					
Enthusiasm					
Cooperation					
Relating to Others					
<b>POTENTIAL TO SUCCEED IN TEACHER EDUCATION</b>					

**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:

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Applicants primary areas of interest/aptitude and additional comments:

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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:

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<b>ACADEMIC PREPARATION</b>	STRONG	GOOD	AVERAGE	WEAK	VERY WEAK
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Enthusiasm					
Cooperation					
Relating to Others					
<b>POTENTIAL TO SUCCEED IN TEACHER EDUCATION</b>					

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name of School or  
Organization:** \_\_\_\_\_