

Habematolel Pomo of Upper Lake

375 E. Hwy 20 Suite I

P.O. Box 516

Upper Lake, CA 95485

(707)275-0737 Extension 15

Fax (707)275-0757

Email jmarcks@hpultribe-nsn.gov

HABEMATOLEL POMO OF UPPER LAKE

LEADERSHIP PROGRAM APPLICATION



A. APPLICATION INFORMATION:

1. Name of Applicant: _____

Last

First

Middle

2. Current Mailing Address: _____

3. Date of Birth: ____/____/____

4. Telephone Number: () _____ Cell Number: () _____

5. E-mail Address: _____

6. Tribal Affiliation: _____

7. Tribal Enrollment Number: _____

8. Name _____ of
Organization: _____

9. Telephone Number: (_____)
_____ Website: _____

B. EDUCATION

1. Last School Attended: _____

Address: _____

2. Highest Grade Completed: _____

C. CRITERIA

Leadership opportunities include, but are not limited to, are UNITY, Native Youth Leadership and White House Tribal Nations Conference Youth Ambassadors. Youth interested in a Leadership Opportunity must submit a HPUL Leadership Application along with a 1 page essay expressing his/her interest in leadership to Joy Marcks, Education Director. In addition, applicants are required to submit a current GPA of 2.0. The Leadership Program covers the

expense of registration fees and transportation. Youth must be enrolled in an accredited school. **Applicants will be chosen by the HPUL Education staff based on the above criteria.**

Please select all that apply (align with your leadership initiative(s):

Education, Mentorship or Afterschool Programs

Sports, Nutrition or Wellness

Cultural Preservation & Native Wellness

Juvenile Justice & Delinquency Prevention

Building Health Relationships (teen dating, elders & family)

Health (including youth suicide prevention; bereavement, grief, & healing practices/promotion; and substance & alcohol abuse prevention)

Anti-Bullying & Personal Empowerment

Self-Expression through Arts & Film

Civic Engagement

Economic & Community Development

Other:

Other:

Other:

NOTE: The Tribe reserves the right to be reimbursed for EXPENSES awarded to eligible APPLICANT due to the APPLICANT'S failure to utilize this program as it was intended. This may be done by a direct payment from the APPLICANT'S guardian by withholding any money distributions owed to the applicant's guardian. (Example: Revenue Sharing Trust Fund Distribution (RSTF), Revenue Allocation Plan (RAP) or other tribal disbursements).

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

