



Haskell Indian Nations University
2009 Haskell Summer Enrichment Program
July 5-17, 2009

Program Overview:

The Haskell Summer Enrichment Program (SEP) is a two-week college orientation program developed specifically for American Indian/Alaska Native students to begin planning and preparing for college. The program will be held on the historic Haskell campus and lodging and meals will be provided. The program will focus on college preparation and offer academic sessions in reading comprehension and math fundamentals. The cost involved in this endeavor is minimal. The main objective of the program is to provide students with a post-high school opportunity which prepares and assists their transition to a post-secondary environment.

Eligibility Requirements:

The program is open to American Indian/Alaska Native students who are high school juniors and seniors and have an overall cumulative high school GPA of 2.5. Students must be U.S. citizens and provide proof of enrollment in a federally recognized tribe. A \$100.00 fee is required and must accompany the application. Students must complete and submit the following information:

1. Haskell Summer Enrichment Program application
2. Recommendation forms completed by a teacher and school counselor.
3. Haskell Admissions Application (*Students must complete this document in order to receive course credit for VisionQuest*)
4. \$100.00 application fee (*money order only, payable to Haskell Indian Nations University*)
5. An official high school transcript (*necessary for acceptance into the program*)
6. An essay that demonstrates the students' interest for pursuing a college degree (*500 word essay – topic: Why college is important*)

The application and supporting materials must be received by June 5, 2009. All applicants will be notified of a decision regarding their application by June 12, 2008 by email and a letter will be mailed to their home address.

Application deadline June 5, 2009

Submit to:

Darryl Monteau

Haskell Summer Enrichment Program

Haskell President's Office

155 Indian Avenue

Lawrence, KS 66046

(785) 832-6644

(785) 749-8411 fax



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Lawrence, KS

Personal Information

Name: _____
Last First Middle

Address: _____
Number Street Apartment

_____ City State Zip Code

Telephone Number: Home (____) _____ Work (____) _____
Cell Phone (____) _____

Email address: _____ Sex: Female [] Male []

Date of Birth: ____/____/____ Place of Birth: _____

Tribal Enrollment: _____

Physical Challenges: _____

Parent/Guardian Information

Name of Parent(s) or Guardian(s): _____

Address: _____
Number Street Apartment

_____ City State Zip Code

Telephone Number: Home (____) _____ Work (____) _____
Cell Phone (____) _____

Email address: _____

Parents Education Level (list highest level completed):

Mother: _____ Father: _____

Parent(s)/Guardian(s) Occupation: _____



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Student Educational Information

High School Attended: _____ City/State: _____

Current Grade Point Average (GPA): _____ Expected Graduation Date _____

Have you completed the ACT, PSAT, or SAT? Yes [] No []

Were you enrolled in any AP courses at your high school? Yes [] No []

If so, please list: _____

Indicate courses you needed assistance or were tutored: _____

List extracurricular activities: _____

List academic honors, offices held and other awards received: _____

Have you applied to college? Yes [] No []

College Planning to Attend: _____

I plan to begin college Fall 2009 [] Spring 2010 [] Fall 2010 [] Spring 2011 []

Major or Career Plans: _____

Certification and Signature

I certify to my knowledge the information in this application is completed factually, accurate and honestly. I understand the information I have provided in this application may be subject to verification.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if student is under 18)

Office Use Only:

Date Received: _____ Interview Date scheduled: _____

Accepted [] Denied [] Reason: _____

Completed file: _____

Notes: _____



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Applicant Evaluation and Recommendation Form

Applicant's Name: _____ SS#: _____

TO THE RECOMMENDER: The above named student has applied to the 2009 Haskell Summer Enrichment Program. Someone who has previously taught the student or is an academic advisor/counselor to the student should complete this recommendation form. We would appreciate your concise appraisal of the student. Recommendation forms may be given to student in a sealed envelope or mailed to: Darryl Monteau, Haskell Summer Enrichment Program, Haskell President's Office, 155 Indian Avenue, Lawrence, KS 66046.

1. How long have you known the applicant? _____

2. In what capacity have you known the student? _____

3. The above named applicant has suggested that you can assist us in assessing her/his qualifications for attending the Summer Enrichment Program at Haskell Indian Nations University. We desire to obtain your candid opinion of the candidate's intellectual and personal capabilities. Haskell Indian Nations University is in compliance with Section 504 of the Rehabilitation Act of 1973 and does not discriminate on the basis of handicap in admission or access to its programs. You are asked not to refer directly or indirectly to an applicant's handicap. The applicant should be rated on a 1-10 scale with 1 being the lowest rating and 10 being an excellent rating. In some cases where you are unable to rate a particular area please enter 0 which will indicate unknown.

CATEGORY	1	2	3	4	5	6	7	8	9	10
Personal Appearance/Integrity										
Academic Ability/Scholastic Apt.										
Self Confidence										
Work Habits										
Emotional Maturity										
Leadership/Initiative and Resourcefulness										
Communication skills/Oral										
Communication Skills/ Written										
Community Involvement										
Promise of Professional Growth										
Ability to work with Peers										
Ability to work with Administrators										
Perseverance toward goal attainment										

Indicate strength of overall endorsement by checking the appropriate box.

Not Recommended Recommended with Reservation Recommended Highly Recommended

Write any additional comments you wish to make on the back of this sheet.

School _____
 Address _____

Signature _____
 Printed Name _____
 Title _____
 Date _____

Please return the completed form to: Darryl Monteau, Haskell Summer Enrichment Program, Haskell President's Office, 155 Indian Avenue, Lawrence, KS 66046



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