



**GRAND VALLEY
STATE UNIVERSITY**

Grand Valley State University

Native Youth Leadership Camp

APPLICATION

June 15 - June 18, 2026

Full Name: _____ Date of Birth: _____

Gender: Male Female

High school student will attend next fall: _____ Class of _____

Parent/Legal Guardian's Name: _____

Address: _____
Street Address Apt # City Zip code

Parent/Legal Guardian's Cell #: _____ Parent/Legal Guardian's Work #: _____

Parent/Legal Guardian's Email: _____ Student's Cell #: _____

Student's Email: _____

Tribal Affiliation or Tribal Descendance: _____

Use the space below to tell us a little about yourself and why you're interested in participating in this camp:

Student Signature

Date

Parent/Legal Guardian Signature

Date



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PARENTAL RELEASE FORM

Student Name: _____

Parent/Legal Guardian's Name: _____

Address: _____

Street Address

Apt #

City

Zip code

Home #: _____ Parent/Legal Guardian's Cell #: _____

Parent/Legal Guardian's Work #: _____

High School Student will attend this fall: _____

The student named above has been accepted to the GVSU Anishinaabe Student Leadership Camp. In order to assess your child's academic needs and monitor yearly progress, we will need to access academic and school records. The completion of this form and your signature indicates that you have given the appropriate staff sanctioned by Anishinaabe Student Leadership Camp at GVSU permission to review such records, use your child's photo/image in program related materials on the GVSU Native American advisory board website, and/or on program social media sites (please check each action):

- Access your child's academic records and other pertinent school records
- Talk to teachers and staff regarding your child's academic progress
- Give permission for my child's photo/image and/or name to be used on the GVSU website, as well as used in newsletters and/or brochures distributed by the program/published about the program & its successes

The signature below acknowledges permission of the above release of information, and I understand this permission is for program activities Period of June 15, 2026, to June 18, 2026.

This permission will remain in effect as part of official GVSU permanent records until (*student name*)

_____ graduates, leaves high school, or until I withdraw this permission in writing.

Student Signature

Date

Parent/Legal Guardian Signature

Date



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MEDIA RELEASE FORM

Grand Valley State University (GVSU) is the authorizer of your child's charter school. Occasionally a photographer is sent to your school to photograph school activities or events taking place in the classroom and school building. These videos and images may be used for GVSU Charter Schools Office publications or videos to promote your child's school along with other GVSU charter schools throughout the state.

I hereby grant permission to the Grand Valley State University Charter Schools Office to use my/my child's image, likeness, and/ or voice in any photograph and/or video to be used in any publication, advertising, training, and/or related endeavors, without further consideration. I understand that my/my child's name may be used in a caption or credits in relation to any photograph or video as described above.

Name of Child

School Name

Name of Guardian

Signature of Guardian

Date
