



## **Lakota Summer Science Field Institute 2025 Generations Indigenous Ways**

(Please check the program in which you are applying for, you may apply for both)

**Lakota Physics Camp**  
(June 2-5, 2025)

**Journey To the Center of the Earth**  
(June 30 - July 4, July 7-10, 2025)

### **A complete application includes:**

- Completed application**
- Copy of insurance/Medicaid card**
- Two completed recommendation forms**
- Proof of covid-19 vaccination (attach documentation)**

**Application Deadline is May 7<sup>th</sup>, 2025. Late applications or incomplete applications will not be considered.**

Call 605-454-8425 or 605-455-1127 for any question regarding the application process.

Mail application to:  
LSSFII 2025 Application  
Generations Indigenous Ways  
20750 BIA 2  
Interior, SD 57750

Email: [camps@giways.org](mailto:camps@giways.org)  
Type **“LSSFII 2023 Application”**  
on the subject line

Generations Indigenous Ways  
Lakota Summer Science Field Institute

Incoming 6<sup>th</sup> grader to incoming 12<sup>th</sup> grader  
Student Information

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

Lakota Name (if applicable): \_\_\_\_\_

Gender (circle one)    male            female            non binary            prefer not to answer

Date of Birth \_\_\_/ \_\_\_/ \_\_\_

Tribal Affiliation \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

List all science, mathematics, and computer courses taken in middle school and high school.

\_\_\_\_\_

\_\_\_\_\_

Specify which computer applications you have worked with.

\_\_\_ Word Processing                      \_\_\_ PowerPoint/Canva

\_\_\_ Internet/WWW                        \_\_\_ Graphics/Art

\_\_\_ Others (please list) \_\_\_\_\_

List academic programs in which you have participated. Include clubs, volunteer activities, science fairs, summer programs, and others.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any extracurricular sports and other activities in which you have been involved while attending middle school and high school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your spiritual beliefs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Parent Information  
To be completed by Parent or Guardian

Mothers (Guardian) Name: \_\_\_\_\_

Mothers Address: \_\_\_\_\_ Mothers Phone# \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Mothers work Phone# \_\_\_\_\_  
\_\_\_\_\_

Fathers (Guardian) Name: \_\_\_\_\_

Fathers Address: \_\_\_\_\_ Fathers Phone# \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Fathers work Phone# \_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

Parent's marital status

Married  Divorced  legally separated  Widowed

How many people reside in your household? \_\_\_\_\_

How likely is it that your child will attend college?

Maybe  Likely  Somewhat Likely  Very Likely  Definitely

Please list any medical conditions or allergies that your child/children may have:

\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance or medical assistance? \_\_\_yes \_\_\_no

If yes, list of coverage and name of company

\_\_\_\_\_

Please return copies of information pertaining to medical coverage if any.

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Are there any court orders preventing any person from contacting the child during their attendance in this program? \_\_\_yes \_\_\_no

If yes please provide a copy of the court order.

Is your son or daughter eligible for the National Free/Reduced Price Program?

Yes, Free Lunch \_\_\_\_\_ Yes, Reduced Lunch \_\_\_\_\_ No \_\_\_\_\_

Signature Statement

Please read carefully and sign,

I understand that this application is for an academic program and the applicant is expected to stay on site during the entire duration of the program. Furthermore, I agree to participate in Generations Indigenous Ways school year activities when available. To the best of my knowledge the contents of this application are complete and true.

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Applicant Signature

Date signed

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Parent/Guardian Signature

Date sign

Student Recommendation Form

Applicant Name: \_\_\_\_\_ School: \_\_\_\_\_

The student has asked you to provide an assessment of his/her suitability as a participant in the demanding Lakota Science Afterschool Program. We rely heavily on your recommendation particularly concerning non-academic characteristics. We are interested in student who have previously demonstrated an excellence in science and leadership skills and who could benefit from learning about environmental science techniques. We try to admit students who have demonstrated past academic achievement or who are capable of handling a college curriculum in the future.

Characteristics	Outstanding	Very Good	Good	Fair	Poor	Unable to Judge
Intellectual Capacity: Ability to ingest, integrate and work with a large quantity of information.						
Motivation: interest and excitement about math and science.						
Interpersonal Relations: ability to get along with others rapport, cooperation, attitude to supervision.						
Analytical skills: ability to problem solve, correlate and process information and to think critically.						
Inquisitiveness: ability to question others to learn more.						
Integrity: Honesty, trustworthiness						
Talkative: ability to discuss a topic of interest in detail.						
Reliability: Dependability, sense of responsibility, promptness, conscientiousness.						
Leadership: Ability to initiate, lead, direct, and/or supervise others.						
Communication skills: Clarity of expression verbally, clarity and conciseness of written expression.						
Perseverance: Stamina, endurance to remain outside in adverse conditions.						
Creativity: Ability to generate new and novel ideas or approaches to problems.						

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Student Recommendation Form

Applicant Name: \_\_\_\_\_ School: \_\_\_\_\_

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