



Saint Regis Mohawk Tribe  
**EDUCATION DIVISION**  
*Tribal Youth Council*



Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Parents' Address \_\_\_\_\_  
 (If Different) \_\_\_\_\_  
 Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of School/College \_\_\_\_\_ Grade/Level \_\_\_\_\_

Please answer the following questions.

What is your desire to be on the Tribal Youth Council? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How are you involved in the community of Akwesasne? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your vision for the future of Akwesasne? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional pages if necessary.)