



Douglas Indian Association
Tribal Education Programs Department
811 West 12th Street Juneau, Alaska 99801-1529
Phone: (907) 364-2916 Fax: (907) 364-2917



Student Services Application

Douglas Indian Association is pleased to offer Educational Student Service support through the Kali.it'ch'i Kutxayanahá Yaanáx Yee Kawdigán, You All Shine Brighter than The Shining Stars: A Student-Centered Approach to Education Project. The project supports student educational achievement through offering a wide array of student support.

To enroll in the program and access services, students and parents can complete the application and /or register on the E-Portal at: <http://dialearning.org/>

Questions should be emailed directly to deena.larue@diataku.com.

Application Requirements

- **Program Serves Students who are Juneau School District Alaska Native or Native American Preschool to High School age students**
- **When submitting your application, please be sure to select which services you would like to receive more information about or in which you wish to enroll.**

Student Educational Service Options

- | | |
|---|---|
| <input type="checkbox"/> Summer UAS Coursework for High School Youth (Tuition Paid) | <input type="checkbox"/> Youth Counseling (Note, Students / Families may identify their own service provider) |
| <input type="checkbox"/> Elementary Educational Kit | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Middle School Educational Kit | <input type="checkbox"/> Tuition/ Fees for Summer Camps |
| <input type="checkbox"/> High School Educational Kit | <input type="checkbox"/> Travel Costs for Sponsored Educational Activities as already Identified and Accepted to participate. |
| <input type="checkbox"/> Outdoor Educational Activities | <input type="checkbox"/> Requesting Other Educational Service: |
| <input type="checkbox"/> Traditional Foods Harvesting | <hr/> |
| <input type="checkbox"/> Language Instruction | <input type="checkbox"/> High School Work Experience: |
| <input type="checkbox"/> Music Instruction | <input type="checkbox"/> Artist Apprenticeship for Youth |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Language Apprenticeship for Youth |
| | <input type="checkbox"/> Youth Cultural Apprenticeship |

Students and Families may identify an educational service option in which they require assistance that is not listed above. Please contact our Education Staff for more Information.

1. Student Name:

2. Gender Identity: Female Male

3. Date of Birth:

4. Grade:

5. School Attending:

6. Ethnicity: Alaska Native Native American Other: _____

7. Student Phone: Parent Phone Number

8. Parent 1 Name: Parent 2 Name:

9. Student Address: _____
City State Zip

10. Mailing Address: _____
City State Zip

11. Student E-Mail: 12. Parent 1 E-Mail

13. Parent 2 E-mail Address: _____

14. Graduation Date:

I certify that the information provided in this application is true and complete to the best of my knowledge.

Student Signature: _____
Date

Parent/Guardian Signature: _____
Date

Education Department Staff Next Steps

Application submitted on: _____ *Date of Response*

Application Status: _____

Additional notes/ Next Steps: _____
