Na’ha’shnee STEAM Health Summer Institute 2021

WSU SPOKANE
June 28, 2021- July 30, 2021

Thank you for applying to attend the Na’ha’shnee STEAM Health Institute through WSU Spokane Native American Health Sciences on the Spokane campus. If you have any questions about this application, please contact Evanlene Melting Tallow, e.meltingtallow@wsu.edu or Lonnie Nelson, lonnie.nelson@wsu.edu.

Native American Health Sciences will be hosting the Na’ha’shnee STEAM Health Institute this June 28–July 30, 2021. This program will be a distance learning experience for high school participants. The program is designed for students interested in the health sciences and/or Science, Technology, Engineering, Art, and Math (STEAM Health) fields and have completed grades 9-12 at the end of this school year. This Institute will focus on health sciences and STEAM Health careers available, as well as research and learning opportunities within these fields. We will be providing hands-on learning experiences 4-hours each weekday through a Chromebook. We will send new participants a Chromebook, along with experiment kits, materials, and other supplies such as culturally based art projects to do in your home. You will learn from faculty and professionals across several health occupations, and receive cultural instruction from tribal elders. All expenses are paid for and students who participate for the full five weeks will be able to keep their Chromebook and receive a $200 stipend!

This application must be completed by both the current 9th-12th grade student interested in attending and their parent/guardian. In this application students are asked to include a short-written response. In order to complete the application students must submit a current high school academic transcript. Transcripts must include a cumulative GPA (cannot be a recent grade report that does not list all high school coursework) and all high school courses taken so far. Transcripts can be submitted via email, or mail. (Evanlene Melting Tallow, e.meltingtallow@wsu.edu) WSU Spokane, 412 E Spokane Falls Blvd, SAC 511, Spokane, Washington 99202-1495

The application deadline is 5:00 p.m. (PST) on April 16th, 2021.
Applications sent by mail must be received before this deadline.

If you would prefer to complete an online application, access it here.
For recruitment purposes, please let us know how you heard about our Na’ha’shnee Science, Technology, Engineering, Arts, and Mathematics (Science, Technology, Engineering, Arts, and Mathematics) STEAM Health Institute:

- Someone from WSU came to my school and asked me to apply (1)
- Someone from WSU talked to me at a conference and asked me to apply (2)
- School teacher / counselor asked me to apply (3)
- Family member asked me to apply (4)
- I found the information online and decided to apply (5)
- I attended Na’ha’ shnee before and it was great! (6)

**Participant Information:**

**Gender:**

- Male (1)
- Female (2)
- Prefer to self-describe: (3) ________________________________________________

**Please respond to the information requested below:**

- Name (First Middle Last) (1) ________________________________________________
- Birth Date (Month/Date/Year) (2) ________________________________________________
- Home Phone Number (3) ________________________________________________
- Cell Phone Number (4) ________________________________________________

**Participant email address:**

If you are accepted into this summer’s shared institute program, we will be shipping you all of your learning materials, so please provide the best mailing/shipping address in the following format:
Your Name
Street or PO Box Address
City, State, Zip Code


Are you an enrolled tribal member?
*You do not need to be enrolled to participate in the Na’ha’shnee STEAM Health institute and you do not need to submit any documentation of your enrollment status.

☐ Yes (1)
☐ No (2)
☐ I identify as a Native American (3)

Tribal affiliation/descendant affiliation. Please list tribe(s):


Do you have access to reliable wireless or cellular service that can connect to a laptop or tablet?

☐ Yes (1)
☐ No (2)
T-shirt Size (adult unisex / men’s sizes):

- Small (1)
- Medium (2)
- Large (3)
- X-Large (4)
- XX-Large (5)
- XXX-Large (6)

Parent/Guardian Contact:
*In case of emergency, this parent/guardian will be the first person contacted.

Parent/Guardian Contact (First Middle Last)

_____________________________________________________

Primary Phone Number

_____________________________________________________

Secondary Phone Number

_____________________________________________________

Parent/Guardian email address(es):

_____________________________________________________

Mailing Address (only if different from student):
Your Name
Street or PO Box Address
City, State, Zip Code
Education Background of Participant:

School Presently Attending (School Name, City, State)

_____________________________________________________________________________________

_ Current Grade Level (2020 - 2021 school year)

○ 9th (1)

○ 10th (2)

○ 11th (3)

○ 12th (4)

What science and arts courses have you taken in high school?

_____________________________________________________________________________________

Current Cumulative GPA / Grade average:

_____________________________________________________________________________________

Do you plan to attend a four-year college?

○ Yes (1)

○ No (2)

Do you plan to attend a two-year college or trade school?

○ Yes (1)

○ No (2)

Did or will one of your parents graduate from a college, university, or technical institute?

○ Yes (1)

○ No (2)
Academic Interests

What are your top three career interests at this present time?

- Top career interest (1) __________________________________________________________________________
- Second career interest (2) _________________________________________________________________________
- Third career interest (3) __________________________________________________________________________

Statement of Interest

(TO BE COMPLETED BY Na’ha’shnee STEAM Health Institute PARTICIPANT)

In 100-200 words or more, tell us about:
Your specific career interests and why you would like to enter the health or STEAM Health professions field and what you expect to get out of your experience at the Na’ha’shnee STEAM Health Institute. For those more interested in the health sciences, please describe any health issues that you would like to see changed in communities. For those more interested in the STEAM Health fields, please describe what you hope to accomplish by entering the STEAM Health field.

Please Note:
Each letter of interest will be rated using a rubric. In the rubric the highest possible scores are based on whether the letter demonstrates a strong interest in the Health Sciences or the fields of Science, Technology, Engineering, Arts, and Mathematics (STEAM Health) and is:
- Clearly organized (there is a clear flow of ideas).
- Free of errors in spelling and grammar.
- Formatted into clear paragraphs.

PLEASE ATTACH YOUR STATEMENT AS THE LAST PAGE OF THE APPLICATION

Personal Respect Contract and Expectations for Program Participants and Parents and/or Guardian

(TO BE COMPLETED BY PARTICIPANT)

Respect of self is the first aspect of giving respect to others. We are working to inspire the youth of the Na’ha’shnee STEAM Health Institute to develop a mature work ethic. We believe work ethic begins with showing respect to self and those that you work with. Expected behaviors to ensure a respectful, productive, and inclusive camp are the following:
1. BEING ON TIME TO ALL ACTIVITIES: This is the most important. (An example of being disrespectful is being late for any of the scheduled activities that have been planned.)

2. When in workshops, show respect by being attentive and listening with interest. (An example of disrespect would be leaving a Zoom meeting to complete other work or playing disrupting music in the background.)

3. Unrelated cell phones or electronics should not be used during a Zoom meeting.

4. Being professional is being refreshed and ready for the workday. The Zoom meetings are professional meetings and should be treated as such. Please wear what you would wear to school.

5. Being respectful of fellow participants. This includes no put-downs and no foul language.

6. Following directions. Professors will be leading the activities throughout the meeting time to ensure a positive learning experience. We expect you to comply with their instructions, so the program will be enjoyable and productive for everyone.

7. Use of technology, including internet/wireless resources, and equipment must be done in an appropriate, professional, and legal manner. Internet and technology use must be related to the goals of the Na’ha’shnee STEAM Health Institute and be appropriate for a professional or academic setting. Students will be held accountable for any misuse or inappropriate use of technology while enrolled in the Na’ha’shnee STEAM Health Institute. Parents and/or guardians are responsible for ensuring participants engage in this appropriate use.

YES, I can and will follow these guidelines of respect, and if I show disrespect, I will accept the consequences of my actions.

☐ Yes, I agree (1) Participant Signature X________________________________________

☐ No, I do not agree and understand that I will not be able to participate in the Institute (2)
Parent/Guardian Authorizations:

PLEASE READ THIS AUTHORIZATION CAREFULLY. BY SIGNING THIS AUTHORIZATION, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ALL OF THE TERMS AND CONDITIONS.

(TO BE COMPLETED BY PARENT/GUARDIAN *AND* PARTICIPANT)

Assumption of Risk and Waiver of Liability

I understand that there are risks in participating in certain at-home activities through this remote or distant and virtual learning Institute. In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to the participant or loss or damage to my property and possible exposure to inappropriate or objectionable material on the internet or in other digital formats. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks. Risks in participating in the activities include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to the participant or my property. I understand that I am personally responsible for providing appropriate supervision for the participant and ensuring they follow the Guidelines of Respect and interacting with technology in an appropriate and professional manner.

Release of Liability

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of participant, as a result of or connected with participation in the above event. Participation includes, but is not limited to, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property.

Images and Recordings Consent

We hereby grant permission to Washington State University (WSU) to photograph or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), of my child participant for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). I additionally consent to the use of the participant’s name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the participant’s likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises
beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recording.

- YES, we agree to use of digital images or voice recordings as set forth above (1)
- NO, we do not agree to use of digital images or voice recordings (2)

I (parent/legal guardian of applicant) have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.

- Yes, I agree (1)
- Parent/Guardian Signature X______________________________ Date:
- Print Name: _________________________________

REQUESTING ACCOMMODATION: Should a qualified participant need an accommodation due to a covered disability please contact Evanlene Melting Tallow, e.meltingtallow@wsu.edu

REMEMBER: Please email, mail, or fax your most recent high school transcript, or arrange for your school to mail or fax it to our office by the application deadline. Transcript must show all classes taken in high school and include your cumulative GPA. You can email, mail or fax this application and the transcript to:

email: e.meltingtallow@wsu.edu
Mail: Evanlene Melting Tallow
WSU Spokane SAC 511
412 E Spokane Falls Blvd
Spokane, WA 99202-1495
Office: 509-358-7833
Fax: (509) 358-7505

email: Lonnie.nelson@wsu.edu
Mail: Dr. Lonnie Nelson
WSU Spokane SNRS 414B
412 E. Spokane Falls Blvd
Spokane, WA 99202-1495
Office Phone: (509) 324-7489

Thank you for completing the Na’ha’shnee STEAM Health Institute application!

Only completed applications can be reviewed. Be sure to provide transcripts before 5 p.m. (PST) on Friday, April 16th, 2021.

You will be notified of your acceptance status by email following the application deadline.
GO COUGS!