



**the  
Chickasaw Nation  
Division of Education**

300 Rosedale Rd / Ada, OK 74820 / Phone (580) 421-7711 / Fax (580) 310-9531

**Bill Anoatubby  
Governor**

**Chickasaw Entrepreneurship Academy Application**  
(Ages 15-19 with preference given to just graduated seniors)

By completing this application, the student whose signature appears below makes application for the *Chickasaw Entrepreneurship Academy* provided by the Chickasaw Nation. Please return this form to: *Chickasaw Entrepreneurship Academy*, Office of Supportive Programs, 300 Rosedale Rd, Ada, Oklahoma 74820 or send by fax to (580) 310-9531. **Along with the completed application, the parent/guardian must submit a copy of student's Chickasaw Nation citizenship card.**

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student's address – street, city, state and zip code: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's e-mail: \_\_\_\_\_ Student's phone no.: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Parent daytime phone no.: \_\_\_\_\_

School attending: \_\_\_\_\_ High school grade just completed: \_\_\_\_\_

Please list any allergic reactions you may have: \_\_\_\_\_

List any dietary constraints: \_\_\_\_\_

Do you require any special assistance completing routine tasks? \_\_\_\_\_  
 \_\_\_\_\_

Please check appropriate t-shirt size:

- Adult small     Adult medium     Adult large     Adult XL     Adult 2X

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** All selected applicants will be required to stay at the Chickasaw Nation Children's Village in Kingston, Oklahoma for the entire week. Transportation to the camp each day and all meals will be provided.

For questions or comments please call Ms. Callie Roebuck, at (580) 421-7711.

The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.



**Chickasaw Nation Education Services**  
**Chickasaw Entrepreneurship Academy**  
**Southeastern Oklahoma State University/Durant, OK**

**Part II:**

**Photograph Consent and Release Form**

1. I hereby grant the Chickasaw Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.
2. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

\_\_\_\_\_  
Name of participant (print)

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/legal guardian (print)

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date