

Tribal Youth Training Program

Application Information

Full name:	_____			Date of Birth:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:	_____			Phone:	_____
	<i>Address</i>		<i>Apt./Unit #</i>		
	_____			Email:	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>		
Are you a Tribal Member of one of the Chugach Regional tribes?	Yes	No	If yes, which tribe?	_____	
Do you live in one of the Chugach Regional Communities	Yes	No	If yes, which one?	_____	

Interests

Please describe your interest in the outdoors, subsistence, field work and/or research.	
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Education

High school:	_____				
From:	_____	To:	_____	Did you graduate?	Yes No
College:	_____				
From:	_____	To:	_____	Did you graduate?	Yes No
Other:	_____				
From:	_____	To:	_____	Did you graduate?	Yes No

Disclaimer: Date of birth is requested only to verify eligibility for this grant-funded program serving Tribal youth ages 16–26 and for required reporting. This information is not used for any other purpose.

I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
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Completed forms must be emailed to dustin@cricalaska.org by August 21, 2026 for consideration.