APPLICATION FOR MISS SALISH-PEND D'OREILLE 2017-2018

Name:		
Tribal affiliations:		
Date of birth:		_
Parents/Guardians:		
Grandparents:		
Address:		
Telephone:		
Describe your knowle	edge and activities in these areas:	
Salish-Pen	nd d'Oreille language	
Salish-Pen	nd d'Oreille foods, plants, and medicines	
Salish-Pen	nd d'Oreille traditional clothing	
Salish-Pen	nd d'Oreille history	
Salish-Pen	nd d'Oreille arts and crafts	
Salish-Pen	nd d'Oreille traditions and practices	
Name of school currently attending:		Grade:
Grade Point Average	e at end of this school year:	
Evtracurricular activi	tion:	

Applications are due by Thursday, June 29, 2017, 5pm, to Ruth Swaney at ruthswaney@icloud.com or deliver in person to her. Call Ruth at 406-675-2700 ext. 1034 for more information. Lemlmtš pesya?

Community and volunteer activities:	
I wish to represent the Salish and Pend d'Oreille people because:	
Code of Conduct: I acknowledge that being selected as Miss Salish-Pend d'Oreille is to	o hold a position of honor and
respect. During my reign, I promise to conduct myself with high me alcohol and drugs. I will participate to the greatest possible extent cultural events and activities and will do my best to help others lea d'Oreille people in a positive light. I will maintain good standing in model for my fellow students. If at any time I feel I am unable to consain Salish-Pend d'Oreille, I will inform the Arlee Esyapqeyni Committee made.	oral standards and abstain from in Salish and Pend d'Oreille rn about the Salish and Pend school and be a positive role ontinue with my duties as Miss
Signature of Applicant	Date
Signature of Parent/Guardian	Date

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