

2025 AIHEC STUDENT CONGRESS LEADERS IN FUTURE ENDEAVORS (LIFE) CONFERENCE

The AIHEC Student Congress (ASC) is pleased to invite all Tribal College and University (TCU) students to participate in the 2025 AIHEC Student Congress (ASC) Leaders in Future Endeavors (LIFE) Conference, July 15-17th, 2025 (travel days – July 14th and 18th) at Tohono O'odham Community College in Sells, AZ and Desert Diamond Casino- Tucson, AZ. This application packet specifies all the necessary materials needed to be a candidate to participate in the 2025 ASC LIFE Conference.

Make sure you have enclosed the following materials:

- o Letter of Reference from TCU faculty member or TCU President
- o Completed Application
- o 250-Word Personal Statement
- o Signed TCU Commitment to Participate
- o Sign the Picture and Media Release Statement

The ASC developed the LIFE Conference to build on positive leadership skills, including attentiveness, ambition, teamwork, cooperation, communication, creativity, cultural knowledge, respect, and a strong sense of social responsibility. TCU student leaders are increasingly called upon to represent their tribal college, advocate for the tribal college movement, and work to serve their college community. The ASC wants every participant of the LIFE Conference to develop a better understanding of their individual role and the role of their community in the wider TCU movement and the skill sets and know-how to address the challenges and opportunities of the student bodies they serve.

All onsite lodging and meals during the LIFE Conference will be provided through funding from AIHEC and the Coca-Cola Foundation/American Indian College Fund. TCUs are responsible for student travel and meals, if any, to and from the conference venue.

Completed student participation packets must be returned to the Selection Committee prior to 5 PM EDT on July 7th, 2025. Get your application in EARLY to improve your chances to participate!

Should you have questions or need additional information or materials, please contact Stacia Prue, 505-967-7788 or Lindy Warden at 208-935-8799.

Please send all applications to one of the following:

ASC Advisor Stacia Prue: sprue@aihec.org

ASC Advisor Lindy Warden: lindy_warden@skc.edu

Fax: 703-838-0388

Address: AIHEC LIFE Conference 121 Oronoco Street Alexandria, VA 22314

AIHEC Student Congress LIFE Conference APPLICATION

Name:						
Phone:						
TCU					Year	(Next Fall):
EMail						
Name/Phone En	nergency	Contac	ct:			
Nearest airport to	o your re	sidence	e:			
T-Shirt Size:	XS	S	М	L	XL	XXL
Special Needs:_						
Dietary Restriction	ons:					
ON A SEPARA STATEMENT, IN			PAPI	ER, PL	EASE	WRITE A 250-WORD PERSONA
□ Your inter	ests and	activitie	es.			
☐ Your educ	cational g	joals ar	nd inte	erests.		
□ What skill	s do you	hope to	lear	n or im	orove th	nrough a leadership workshop?
□ What prof	essions/	career f	ields	are you	ı most i	nterested in and why?
□ What stre	naths do	vou ha	ve to	offer vo	our tribe	e/community/workplace?

AIHEC Student Congress LIFE Conference Letter of Recommendation

Student: Please attach a **letter of recommendation** from your college (president, faculty, staff, academic advisor, dean): (1) verifying that you are currently a student at the college in good academic standing; (2) expressing support for your participation in the conference; and (3) providing a brief statement on how you will benefit from the conference and/or how the conference will benefit from your participation.

AIHEC Student Congress LIFE Conference Signed Tribal College Commitment to Participate

To ensure that the Tribal College leadership is aware of the conference and student participation in the event, the **TCU President or another member of the TCU Leadership Team** must sign the following certifications:

(1)		(name of Tribal College) supports the participation of the he AIHEC Student Congress LIFE Conference, uly 15-17th, 2025 Tohono O'odham Community College in Sells, AZ and Desert	
(2)	This college will provide funding resources, including travel and travel-related meals, if needed, for the participation of said student, except that AIHEC will provide all <u>onsite lodging and meals during the conference</u> . There is no registration fee for this conference.		
	·	(Signature)	
		(Print name of President or Leadership Group Member)	
		_ (Date)	

AIHEC Student Congress LIFE Conference Student Contract

Acceptance to the ASC LIFE Conference is a privilege, but it also requires students and parents/guardians of students under the age of 21 to assume certain responsibilities.

STUDENT: I, _______, as part of the ASC LIFE Conference accept the conditions stipulated below:

- 1. I will participate in, and be on time to, all sessions and activities unless excused by a staff member.
- 2. I will conduct myself as an adult and be respectful and courteous as a representative of my Tribe.
- 3. If attending from out of town, I will sleep where assigned, recognizing that I may be rooming with people I have never met.
- 4. I will not use drugs or alcohol during the LIFE Conference and I will adhere to the assigned curfew and other rules.
- 5. I understand that all forms of harassment and discrimination are prohibited.
- 6. I understand that I will be held responsible and will provide payment for any damage to equipment or facilities if such damage is attributable to me/my actions.
- 7. I understand that there must be quiet time between midnight and 5:30 am.
- 8. I understand that the American Indian Higher Education Consortium (AIHEC), Red Lake Nation College, and their designated chaperones/mentors will not be responsible for any theft, accident, injury or illness.
- 9. I will adhere to these and all other rules of the LIFE Conference. I understand that should I violate this contract, I will not be allowed to attend the conference and/or my return travel arrangements will be revoked and I will be sent home AT MY OWN EXPENSE.

Picture Release Statement: I authorize AIHEC to record and/or duplicate my image/voice/text (or that of my minor child named below). I give AIHEC and any persons or entities acting in accordance with AIHEC's authority all rights to use these images/text. I understand that the images/text will be used for educational, advertising, and promotional purposes in all conventional and electronic media, as well as any future media.

I understand and agree that these images/text and/or recordings may be duplicated, distributed, with or without charge, and/or altered in any manner without future/further compensation or ability.

Name of Student:	
Signature of Student:	Date:

AIHEC Student Congress LIFE Conference EMERGENCY INFORMATION and PARENT CONTRACT

(To be filled out by a parent/guardian if under 21 yrs.)

Student Name		Pho	one:	
Address:	City:	State	Zip	_
Parent/Guardian:	W	orkPhone:		
Relationship to Student:				-
Physician Name & Addres	s:			
Phone:				
MedicalCoverage:				
Insurance/Group Number	and Information:			
Are you (or your son/daug	hter) eligible for con	tract health care c	overage from IH	S
IHS Clinic Name and Phor				
Do you (or your son/daugh	nter) have any physi			_
Do you (or your son/daugh	nter): wear glasses o	or contact lenses?		_
Have Allergies?(explain)_				
Hay Fever? Sinus Pro	blems? Allergie	es to Bites/Stings?		
Have you (or your son/dat	ighter) had any majo	or illnesses in the p	oast 5 years?	
Are you (or your son/daug	hter) currently taking	g any medication?		
Do you (or your son/daugh	nter) require any spe	ecial (emergency)	medication?	
Please list any other inform	nation which you fee	el is important:		

IF STUDENT is Under 21: AIHEC PARENT/GUARDIAN AGREEMENT

PARENT/GUARDIAN: I have read, understand and agree to the above terms. Permission is given for my son/daughter to participate in all activities and events, and for them to receive all necessary medical attention should the need arise, with the understanding that I will be notified as soon as possible. Furthermore:

- 1. I understand that the American Indian Higher Education Consortium (AIHEC), Red Lake Nation College (RLNC), and their designated chaperones/mentors will not be responsible for any theft, accident, injury, or illness where my son/daughter is concerned.
- 2. I give permission for any chaperone or staff member to render first aid if necessary.
- 3. I understand that as part of my son/daughter's application, this STUDENT EMERGENCY INFORMATION FORM is required to be completed and on file.
- 4. I understand that my son/daughter will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
- 5. I understand that no drugs or alcohol use are permitted and that if my son or daughter is caught under the influence, she/she will be sent home immediately AT MY OWN EXPENSE.

Parent/Guardian: _.	
Signature:	
Date:	