

UNIVERSITY OF NORTH DAKOTA
INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION SUMMER
INSTITUTE FACT SHEET
(Please Read Thoroughly)

The Summer Institute component of the Indians in Psychology Doctoral Education (INPSYDE) Program is a two-week enrichment program for Native American High School Students, who are interested in pursuing a degree in psychology related disciplines. The Summer Institute Program is designed to help students develop strong academic foundations in psychology and science, which are vital to success in college behavioral science and psychology courses. We will be selecting 12-14 individuals to attend our Summer Institute.

UND Summer Institute courses emphasize such areas in Psychology as: a) Intro to Psychology; b) Research Methods; c) Computer components of Psychology; and d) Statistics. Students are required to live in a dormitory under the supervision of counselors on the campus of the University of North Dakota, which provides an opportunity for them to experience campus life firsthand. Students are expected to abide by a code of conduct and live in a structured environment. These include **ABSOLUTELY** no alcohol and/or drugs, as well as inappropriate behaviors.

Interested applicants must complete the INPSYDE Program application and be accepted to participate. Along with the applications you must include **two letters of recommendation, letter of interest, career statement, and letter of tribal affiliation and degree of Indian heritage**. It is very important that all information is completed on the form. Incomplete applications are not considered, unless prior arrangements are made. All travel and room and board expenses are made and paid by INPSYDE. INPSYDE staff will use UND vehicles to make pick-up and return trips, to make sure all accepted applicants are provided with safe transportation. Questions regarding Summer Institute should be directed to Kaylee Trottier; or Dr. Doug McDonald at (701) 777-4495. Dr. McDonald can be reached by cell @ 218-779-0494 and Kaylee Trottier (Recruiter) (701) 777-4497.

APPLICATION DEADLINES ARE May 1st of each year.

-If May 1st is on a Saturday or Sunday, application will be due the following Monday.

INPSYDE SUMMER INSTITUTE IS THE FIRST TWO WEEKS OF JUNE (Sunday-Friday)

- Please call or email for specific dates.

Application for the
University of North Dakota
**INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION (INPSYDE)
PROGRAM, SUMMER INSTITUTE**
First Sunday in June, camp is two weeks long
University of North Dakota

Student's Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____ Phone _____

Tribal Affiliation _____

Parent/Guardian _____

Address _____
Last First Middle Initial

City _____ State _____ Zip _____ Phone _____

Student's High School _____

Student's Date of Birth _____ Current Age _____ M / F
Current Grade in School _____ Social Security Number _____ - _____ - _____

Submit the following no later than May 1st.

- *Application and Career Statement
- *Letter of Interest
- *Two letters of recommendation from a school counselor and teacher attesting to your motivation, maturity and interest in psychology (Do **not** need to provide letters if you have previously attended INPSYDE summer institute)
- *Documentation of degree of Indian blood and tribal affiliation.

Mail to:

INPSYDE PROGRAM
Department of Psychology-UND
PO BOX 8380
Grand Forks, ND 58202
701-777-4497

Fax to:

INPSYDE PROGRAM
701-777-6498

CAREER STATEMENT

Please send with your application.

Type of High School Attended(ing):

- B - Indian Boarding School
- N - Rural, Off-Reservation School
- R - On Reservation School, or School near an Indian Community
- U - Urban Area, Non-Indian School
- I - Indian School in Urban Area

What is your major area of interest related to the field of Psychology (Clinical, Experimental, Social, Industrial Organization, etc)?

Below list your classes for the current school year.

Fall

Spring

SSN: _____ Date of Birth: _____

PERMISSION AND MEDICAL INFORMATION

My signature below authorizes my child to participate in the INPSYDE Summer Institute Program for two weeks in June.

I state that to the best of my knowledge my son/daughter is in good health. **If my child is taking any medication or is under the care of a physician, as well as known allergies, I agree to provide the INPSYDE staff with written directions for administering medication and authorize them to administer medication pursuant to orders.**

I further authorize INPSYDE staff, teachers, and counselors to secure any emergency or medical treatment as deemed necessary by them for my child's well-being while he/she is a participant at the Summer Institute; and I will be responsible for payment of medical services provided. **If it is necessary for my child to receive any type of health care while a participant in the Summer Institute, I can be contacted at this number: _____ . If the parent cannot be reached, who should be contacted? (Please provide name and telephone number)**

Name: _____ Number: _____

My child's health care is provided by: (Please list insurance company and number; I.H.S. service unit or designated health care provider; and address of provider).

Name of Clinic:

Primary Care Physician:

Phone Number:

Address:

My signature below indicates that I am fully responsible for the above named student and release the INPSYDE Summer Institute Program and staff from any liability.

Parent/Guardian's

Signature: _____ Date _____

Address: _____

Telephone: H () _____ W () _____

Please include any other telephone numbers necessary

Any other information on your child should be included below or on the back of this form.
