

NAYEP Referral Form

Thank you for your interest in helping to grow the Native American Youth Enhancement Program. Please complete this form to refer to a new participant.

Eligibility Criteria

For a referral to be valid and for you to receive the referral bonus, the following conditions must be met:

- **Referrer:** You must be a current NAYEP participant, aged 13-18, and have successfully completed **Units 1 and 2**.
- **Referred Youth:** The person you refer must:
 - Submit a completed NAYEP application.
 - Provide **proof of lineal descent** OR **proof of enrollment** in another Native Indian program (such as Title VI).
 - Join the classroom and complete at least **one (1)** unit of study (any of the five units).

Please note that each current participant may make a maximum of **5 referrals**. (**Please remember to complete a new form for each referred participant**).

Referrer Information

Your Full Name: _____

Your Contact Information: Phone: _____

Email: _____

Mailing Address: _____

Tribal Enrollment Number: _____

Referral

Referred Youth's Full Name: _____

Referred Youth's Contact Information: Phone: _____

Email: _____

Mailing Address: _____

Tribal Enrollment Number: _____

Referrer Agreement

By signing below, I confirm that I have read and understand the eligibility criteria for this referral.

Signature (parent or guardian): _____

Today's Date: _____