



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION
SUMMER INSTITUTE FACT SHEET

The Summer Institute component of the University of North Dakota's (UND) Indians in Psychology Doctoral Education (INPSYDE, pronounced "inside") Program is a two-week enrichment program for American Indian high school students. The Summer Institute is particularly geared toward students who may be interested in pursuing a degree in psychology related disciplines. Students attending the program will have the opportunity to take classes, experience university life, and also have fun with various recreational activities. The Summer Institute is designed to help students develop strong academic foundations in psychology and science, which are useful for the subsequent pursuit of any higher education degree.

UND Summer Institute courses include topics such as History, Assessment, Psychotherapy, Cross-Cultural Psychology, Research Design and Statistics. Students are required to live in a dormitory on UND's campus under the supervision of qualified counselors. Students are expected to abide by a code of conduct and live in a structured environment. The consumption of alcohol, drugs, and/or any other inappropriate behaviors are NOT allowed or tolerated.

Interested students must complete the INPSYDE Program application and be accepted to participate. We will be selecting approximately 10 students to participate. Along with the **applications**, students must include **two letters of recommendation, a letter of interest, career statement, letter of tribal affiliation & degree of Indian heritage, parent consent form, and high school transcripts**. It is very important that all information is completed in the form, as incomplete applications will not be considered (unless prior arrangements are made). All travel and room & board expensed are covered by INPSYDE. The staff of INPSYDE will use UND vehicles to make pick up and return trips as well as make sure all students are provided with safe transportation.

- Application deadline is May 1, 2015.
- The INPSYDE Summer Institute will run from May 31st to June 12th, 2015.

Questions regarding the Summer Institute should be directed to:

Liz Luger

Recruiter

or

Doug McDonald

Director

phone: (701) 426-8153

phone: (701) 777-4495

e-mail: elizabeth.luger@my.und.edu

e-mail: justin.mcdonald@email.und.edu



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION
SUMMER INSTITUTE APPLICATION FORM

Student's Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____ Phone _____

Tribal Affiliation _____

Parent/Guardian _____
Last First Middle

Address _____

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
- 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
- Parent Consent Form 1 & 2
- High school transcript

Send via one of the following:

Mail to:
INPSYDE Program
Department of Psychology
319 Harvard St Stop 8380
Grand Forks, ND 58202

Email to:
Elizabeth Luger, Recruiter
elizabeth.luger@my.und.edu

Fax to:
INPSYDE Program
(701) 777-6498



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION
SUMMER INSTITUTE LETTER OF INTEREST

In a one-page statement, please answer the following questions:

1. Why do you want to attend this program?
 2. What are your educational and career goals?
 3. Personal interest and/or extracurricular activities.
 4. Describe your family background.
- Feel free to add additional pages if necessary.

Lined writing area consisting of 25 horizontal lines for the applicant to answer the questions.



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION
SUMMER INSTITUTE CAREER STATEMENT

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



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION **SUMMER INSTITUTE PARENT CONSENT 1**

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: Home () _____ Work () _____

Please include any other telephone numbers necessary

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



INDIANS IN PSYCHOLOGY DOCTORAL EDUCATION **SUMMER INSTITUTE PARENT CONSENT 2**

I authorize that my child (identified below) is permitted to participate in the activities sponsored by INPSYDE Summer Institute and agree to the following:

I understand and agree that my child's participation in activities may expose him/her to risks. I will counsel my child so he/she understands that it is important for his/her safety and the safety of others to follow all instructions of the counselors and staff. I agree that I am responsible for my child's conduct while he/she is at the INPSYDE Summer Institute.

In consideration for my child's participation in these activities, on behalf of myself and my child, I release, discharge and hold harmless the state of North Dakota, the North Dakota State Board of Higher Education (NDSBHE), the University of North Dakota (UND) and their officers, counselors, volunteers, employees and agents from all liability, claims, costs and expenses arising out of these activities, which may result in injury or illness to my child.

I further agree that the INPSYDE counselors & staff and UND are authorized to obtain emergency medical treatment for my child up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child and myself, I further release the state of North Dakota, NDSBHE, and UND from any liability arising out of the emergency medical treatment obtained.

I also release UND from any claims for the loss of personal property and agree that INPSYDE may use photographs taken of my child during participation in Summer Institute activities for publicity and advertising purposes.

A copy of this agreement may suffice as the original.

Name of child: _____

Health insurance company: _____

Policy Number: _____

Parent/legal guardian name (printed): _____

Signature: _____ Date: _____