

# Student Advisory Board Eligibility & Duties

## Submission Guidelines

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- Only emailed applications are accepted.
- Deadline: 5 p.m. ET on Friday, February 27, 2026

## Eligibility

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- Good academic standing at the time of application, as certified by their local school leader.
- Students must attend high school or college at a BIE-funded institution.

## Duties

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If selected, Student Advisory Board members will be expected to do the following:

- Meet biannually, either in person or virtually.
- Agree to serve and complete a 1-year term. (No member is eligible for reappointment once their term has ended.)
- Provide input on the priorities and progress of the BIE Strategic Direction as we strive to achieve the BIE's mission and vision.
- Act on any deliverables resulting from their meetings, as appropriate.
- Maintain acceptable academic standing.
- Abide by all BIE Student Advisory Board Policies and Procedures.

*Failure to meet and comply with any/all rules listed here will be grounds for immediate dismissal from the program.*

## Checklist

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Complete this application packet, including the following:

- Student Advisory Board Application
- Consent and Release Form
- Media Release Form
- Resume, including Clubs/Organizations
- Copy of Most Recent Transcript
- One Letter of Recommendation

# Student Advisory Board Application

## Application Information (Print or Type)

Full Name:	
Permanent Address:	
City, State, Zip:	
Date of Birth:	
Email Address:	
Phone Number:	
Can we text you?	
School Attending:	
Current Grade Level:	
BIE Division You Would Represent*:	

*\*The BIE Divisions are Bureau Operated Schools, Navajo Schools, Tribally Controlled Schools, Southwestern Indian Polytechnic Institute, Haskell Indian Nations University, and Tribal Colleges and Universities. Please select the one that matches the school you attend.*

## Personal References (in addition to your two recommendation letters)

### REFERENCE ONE

Name:	
Phone Number:	
Relationship:	
Years Known:	

### REFERENCE TWO

Name:	
Phone Number:	
Relationship:	
Years Known:	

*This authority for this application under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501) is 5 CFR 1320.3(h)(6).*

## Essay Question (500-word limit)

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**Why do you want to be on the BIE Student Advisory Board, and what issues facing Indigenous students today do you hope to improve if selected?**

## Certification of Good Academic Standing

*As a school official, my signature here certifies that the applicant named here is in good academic standing at the time of application.*

### SIGNATURES

Title:	
Name:	
Signature:	
Date:	

## Your Favorite Things

Color:	
Drink:	
Sport/Activity:	
Food:	
Snack:	
Non-Profit Organization:	
If you work, list your employer:	
If you work, provide a schedule:	

## Parent/Guardian Information

### PARENT/GUARDIAN 1

Full Name:	
Address:	
City, State, Zip:	
Cell Number:	
Can we text you?	
Work Number:	
Email:	

**PARENT/GUARDIAN 2**

Full Name:	
Address:	
City, State, Zip:	
Cell Number:	
Can we text you?	
Work Number:	
Email:	

**EMERGENCY CONTACT 1**

Full Name:	
Phone Number:	
Relationship:	

**EMERGENCY CONTACT 2**

Full Name:	
Phone Number:	
Relationship:	

**AUTHORIZATION TO PARTICIPATE IN PEER GROUPS AND ACTIVITIES**

I further authorize my child to participate in all activities and peer group discussions in coordination with the BIE Student Advisory Board. Students have participated in activities, including physical activities, STEAM activities, air travel, public transportation, and use of tools to construct displays for program promotion.

The youth are encouraged to discuss any topic of social significance, and there is no limit to the subject matter. They are further encouraged to think critically and develop an understanding of their personal biases when taking part in peer discussions.

If I cannot be reached, any of the following persons is designated to act on my behalf:

- Designated BIE staff representative.

*By signing below, I/we certify that all the information given in my application is true and correct to the best of my knowledge and that, if selected, I am willing and able to fulfill the obligations*

*of the Bureau of Indian Education Student Advisory Board, including attending all mandatory meetings and other requirements. I promise that I am not now and have not been involved with delinquency or substance abuse. I promise that I will perform the duties of a student advisor with honesty and integrity to the best of my ability. I understand some travel will be required. As the parent, I agree to support my child's decision to participate in this program and provide necessary transportation for my child to and from events and other obligations as needed.*

## Signatures for Authorization and Consent

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### STUDENT SIGNATURE

Full Name:	
Signature:	
Date:	

### PARENT (IF UNDER 18)

Full Name:	
Signature:	
Date:	