

**HEIPA DISTRICT  
YOUTH ENROLLMENT APPLICATION**

(all information as requested must be filled out in order to be enrolled in the Heipa District Youth)  
**(COPY OF TRIBAL ENROLLMENT MUST BE ATTACHED)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

SWO Enrollment #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**PARENTS**

\_\_\_\_\_  
Mother (maiden) Father

**GRANDPARENTS**

\_\_\_\_\_  
Maternal Grandmother (maiden) Maternal Grandfather

\_\_\_\_\_  
Paternal Grandmother (maiden) Paternal Grandfather

I am hereby requesting membership with the Heipa District Youth of the Lake Traverse Reservation and do hereby clarify that:

- I am an enrolled member of the Sioux Wahpeton Oyate
- I am at least ¼ degree or more Native American Indian blood, as stated in the Heipa District Constitution.
- The date of birth, social security number, as well as the enrollment number I have provided is correct.
- I am not an enrolled member of any other district.

Applicant's (parent) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Youth Committee Member Date

\_\_\_\_\_  
Youth Committee Member Date