



AICLS

Master Apprentice Program

- APPLICATION -

DATE OF APPLICATION: _____

TEAM INFORMATION

Language: _____

Language: _____

Master: _____

Apprentice: _____

Date of Birth _____

Date of Birth: _____

Phone # () _____ - _____

Phone # () _____ - _____

Mailing Address: _____

Mailing Address: _____

E-mail: _____

E-mail: _____

QUESTIONNAIRE

1. Please describe your current involvement with language: _____

2. Provide information on the fluency and commitment of the Master Speaker of your language team:

3. Describe how you will be able to share what you learn in the program with your community: _____

4. Write a brief statement as to why you want to participate in the Master Apprentice program:

5. Explain exactly when (which months, hours per week) your language team will schedule the time to complete your 300 hours of immersion work: _____

MEMORANDUM OF AGREEMENT

Please read the following key statements regarding the Master Apprentice Language Learning Program and initial as appropriate.

A. We understand that participation in the Master-Apprentice Program involves making a commitment to spend 300 hours working toward the apprentice gaining fluency in our language within a 6-month to one-year period, with the possibility of renewal of funding if progress is evident.

Please initial: Master Speaker: _____ Apprentice: _____

B. We understand that the Master-Apprentice is an immersion program. Our goal is to communicate in our language.

Please initial: Master Speaker: _____ Apprentice: _____

C. We understand that training sessions are a required part of the program and we intend to participate in the training sessions provided for us.

Please initial: Master Speaker: _____ Apprentice: _____

D. As the Apprentice in this program, I understand that I will be responsible for maintaining regular contact with the program coordinator during our learning period and I will be responsible for submitting monthly reports on the progress of the language work.

Please initial: Master Speaker: _____ Apprentice: _____

LETTERS OF RECOMMENDATION

Please ask two people (not immediate family members) to write letters of reference for you. You may list the names and contact information of these people below.

These letters can be sent by mail to: AICLS, P.O. Box 26357, Fresno, CA 93729, or e-mailed to carly@aicls.org.

Reference 1: _____

Phone: _____

Email: _____

Mailing Address: _____

Reference 2: _____

Phone: _____

Email: _____

Mailing Address: _____

Return the completed application to:
Advocates for Indigenous California Language Survival (AICLS)
P.O. Box 26357, Fresno, CA 93729
E-mail to: Carly Tex at carly@aicls.org or Richard Bugbee at hunwut@aol.com