

# GAMYU

Newsletter of the Hualapai Tribe

Hualapai Lodge 23<sup>rd</sup> Anniversary • Thursday, October 24<sup>th</sup>

Submitted by: Danielle Bravo | Hualapai Planning Department



Issue #21

October 18, 2019



# 23<sup>rd</sup>

Hualapai Lodge

## ANNIVERSARY

**Thursday  
OCTOBER 24<sup>TH</sup>**

**10 AM - 1 PM**

**HUALAPAI LODGE  
PARKING LOT**



9:00 a.m. – 10:00 a.m.  
Continental Breakfast Served

10:00 a.m.  
Posting of Colors by Hualapai  
Tribal Veterans & the  
Star-Spangled Banner

10:15 a.m.  
Traditional Hualapai Blessing  
by Ivan Bender

10:20 a.m.  
Opening Remarks

- Jonell Tappia, Hualapai Tribal Councilwoman
- Interim Board of Directors of Grand Canyon Resort Corporation, Hualapai Tribal Council
- Collin McBeath, Chief Executive Officer, Grand Canyon Resort Corporation
- Lana Lee, General Manager, Hualapai Lodge

10:40 a.m.  
Hualapai Lodge 10-Year Plus Team  
Recognition and Presentation

11:30 a.m.  
Adult/Youth Raffle  
(Must be Present to Win)  
(GCRC Team Members are Not Eligible)

11:45 a.m.  
Hualapai Traditional Bird Singing  
& Dancing

12:00- 1:00 p.m.  
Hualapai Stew and Frybread

### Special Points of Interest:

- ☺ HTUA Board Meeting will be on Wednesday, October 23<sup>rd</sup> at 9:00AM at Hualapai Health, Education & Wellness Department.
- ☺ TERC Meeting will be Wednesday, November 20<sup>th</sup> at 10:00AM at the Department of the Cultural Resources.
- ☺ HIP Applications are now being accepted. (Pg.4)
- ☺ Higher Education Policy & Application (Pg. 20)
- ☺ Community Halloween Festival (Pg. 50)

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# Hualapai Transit

PO Box 179 • Peach Springs, Arizona 86434 • 928-769-6384  
www.hualapai-transit.org • hualapai-transit@hualapai-nsn.gov

**NEED TO CASH YOUR PER-CAPITA CHECK AND DON'T HAVE A RIDE?**

**RIDE THE TRANSIT TO KINGMAN TO DO SO.**

**WHEN:** MONDAY, NOVEMBER 25, 2019  
BEGINNING AT 8:30AM

**COST:** \$10.00 PER ADULT  
\$5.00 FOR SENIORS AND PASSENGERS  
17 YOA & UNDER

**BUSES WILL LOAD AT THE TRIBAL OFFICE & WALAPAI MARKET**

DEPART PSA	WF BANK	WALMART	ARRIVE PSA
8:30AM	9:15AM	9:30AM	10:30AM
9:30AM	10:15AM	10:30AM	11:30AM
10:30AM	11:15AM	11:30AM	12:30PM
11:30AM	12:15PM	12:30PM	1:30PM
12:30PM	1:15PM	1:30PM	2:30PM
2:15PM	---	3:30PM	4:45PM
5:15PM	---	6:20PM	7:20PM

**LAST DEPARTURE FROM WALMART WILL BE AT 6:20PM.**

**THE KART BUS IN KINGMAN WILL ACCEPT YOUR BUS PASS AS PAYMENT TO RIDE THEIR BUSES TO OTHER AREAS OF KINGMAN FOR THIS DAY ONLY.**

**FOR MORE INFORMATION, CALL 769-6384.**

*Vision: Hualapai Transit is committed to openness and integrity, Hualapai Transit supports the Hualapai Tribes commitment to support the independence of Hualapai Tribal members & surrounding areas and to be a model for excellence by integrating the local spirit and culture. Mission: Hualapai Transit will provide safe, reliable, friendly and affordable transportation services to meet the mobility needs of the Hualapai Community and surrounding areas while pursuing sustainable development and facilitating the cultural missions of the Peach Springs community.*

## Tribal Environmental Review Commission Seeking Two (2) New Members • Friday, November 22<sup>nd</sup>

Submitted by: Kevin Davidson | Hualapai Planning Department

The Great Spirit created Man and Woman in his own image. In doing so, both were created as equals. Both depending on each other in order to survive. Great respect was shown for each other; in doing so, happiness and contentment was achieved then, as it should be now.

The connecting of the Hair makes them one person; for happiness or contentment cannot be achieved without each other.

The Canyons are represented by the purples in the middle ground, where the people were created. These canyons are Sacred, and should be so treated at all times

The Reservation is pictured to represent the land that is ours, treat it well.



The Reservation is our heritage and the heritage of our children yet unborn. Be good to our land and it will continue to be good to us.

The Sun is the symbol of life, without it nothing is possible - plants don't grow - there will be no life - nothing. The Sun also represents the dawn of the Hualapai people. Through hard work, determination and education, everything is possible and we are assured bigger and brighter days ahead.

The Tracks in the middle represent the coyote and other animals which were here before us.

The Green around the symbol are pine trees, representing our name Hualapai - PEOPLE OF THE TALL PINES -

### Hualapai Tribe

#### Department of Planning & Economic Development

P.O. Box 179/887 W. Highway 66, Peach Springs, Arizona 86434

Phone (928) 769-1310

Fax (928) 769-1377

## The Planning Department is looking for Two new TERC Members.

Greetings Community Members:

The Planning Department is looking for one new applicant for the Tribal Environmental Review Commission (TERC) Board of Commissioners. Below is a summary of what TERC is and what their function is.

Under the Hualapai Environmental Review Code (HERC) the Board of Commissioners has the primary authority, under the direction of the Hualapai Tribal Council, for regulating land use and development of Hualapai Tribal Lands. The Board of Commissioners is composed of seven (7) members who are appointed by the Tribal Council.

Their function is to review and regulate, including issuing permits for, all development activities that are proposed for any site within Hualapai Tribal lands, in order to ensure that:

- (1) no development activity will be carried out without a permit; and
- (2) all development activities will be carried out in accordance with all applicable tribal and federal environmental protection laws and regulations.

If any person is interested, you can pick up an application at the Hualapai Planning Department, fill it out and turn it in to the Department at 887 Hwy 66 (next to 76 fuel station). **The due date for applications is Friday, November 22, 2019.** If you have any questions please feel free to contact me at 769-1310.

Respectfully,

Kevin Davidson, Director  
Planning & Economic Development

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**Housing Improvement Program (HIP) Application - Deadline: Wednesday, December 27<sup>th</sup>**

*Submitted by: Michelle Zephier | Hualapai Planning Department*

The Great Spirit created Man and Woman in his own image. In doing so, both were created as equals. Both depending on each other in order to survive. Great respect was shown for each other; in doing so, happiness and contentment was achieved then, as it should be now.

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**Hualapai Tribe**  
**Department of Planning & Economic Development**  
P.O. Box 179/887 W. Highway 66, Peach Springs, Arizona 86434  
Phone (928) 769-1310 Ext. 25 • Fax (928) 769-1377  
MZephier@hualapai-nsn.gov

To Community Members,

If interested in applying for the HIP Program, please fill out and turn in the attached application with income documentation. Please call to make an appointment if possible. There are new forms needed this year so everyone needs to update their file.

The Dead line for all HIP Applicants submission is **December 27, 2019 at 5:00 P.M.** No exceptions thank you.

Michelle Zephier  
Housing Improvement Program Coordinator

**UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
HOUSING ASSISTANCE APPLICATION**

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

**A. APPLICANT INFORMATION** \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last
First
MI
Maiden Name (if any)
2. Current Address: \_\_\_\_\_  
Street Address
P.O. Box # (if any)
- \_\_\_\_\_ City State Zip Code
3. Telephone Number: (\_\_\_\_) \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_
5. Tribe: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
 Reservation/Rancheria: \_\_\_\_\_
6. Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Other  
 If you checked "Other", please explain. \_\_\_\_\_
7. Are you Homeless? \_\_\_ No \_\_\_ Yes 8. Are you or spouse a Veteran? \_\_\_ No \_\_\_ Yes

**Information About Spouse:** \_\_\_\_\_

9. Name: \_\_\_\_\_  
Last
First
MI
Maiden Name (if any)
10. Date of Birth: \_\_\_\_\_
11. Tribe: \_\_\_\_\_ Roll Number: \_\_\_\_\_

**B. FAMILY INFORMATION** \_\_\_\_\_

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of Birth	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

Date of this application: \_\_\_\_\_

**C. INCOME INFORMATION** \_\_\_\_\_

12. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ \_\_\_\_\_

13. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ \_\_\_\_\_

14. TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): \$ \_\_\_\_\_

**D. HOUSING INFORMATION** \_\_\_\_\_

15.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). <b>**DRAW MAP ON BACK OF THIS PAGE**</b>
16.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
17.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian?    No    Yes
	If yes, provide name of owner(s):
18.	Are you living in Overcrowded Conditions?    ___ No    ___ Yes
19.	Is the condition of the home in a dilapidated state?    ___ No    ___ Yes

Date of this application: \_\_\_\_\_

**HOUSING INFORMATION, continued.**

20.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____		
21.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank
		<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank Other (Please describe): _____			
22.	No. of Bedrooms _____		
23.	House Size: _____ (Square Feet)	[ LENGTH _____ ft/in]	[ WIDTH _____ ft/in]
24.	Bathroom facilities in existing house:	Facility	Yes No
		Flush toilet	
		Bathtub	
		Sink/lavatory	

**E. LAND INFORMATION** \_\_\_\_\_

25.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____		
26.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee
		<input type="checkbox"/> Individual trust land	<input checked="" type="checkbox"/> Tribal trust land
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted
		<input type="checkbox"/> Native/Restricted	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Other: _____	
27.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____		

**F. GENERAL INFORMATION** \_\_\_\_\_

		Yes	No
28.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19__ __; and the location of the house: _____		
29.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
30.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
31.	Is the HUD project still under operation of an Indian Housing Authority?		
32.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
33.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
34.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: \_\_\_\_\_

**G. APPLICANT CERTIFICATION**

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature (if appropriate) \_\_\_\_\_

Date: \_\_\_\_\_

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: \_\_\_\_\_



# UA Beginning Rancher Training

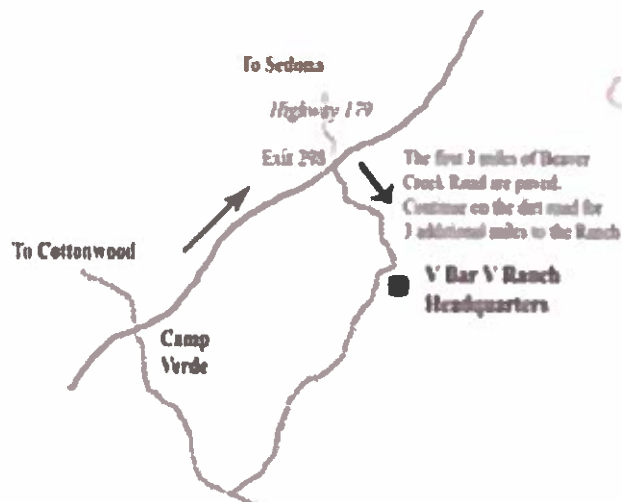
## Live Cattle Demonstrations of Weaning Vaccinations, Selecting Replacement Heifers and Value-Added Protocols

October 19, 2019 (Saturday)

V bar V Ranch Headquarters  
4005 N. Forest Road 618  
Rimrock, AZ 86335

Questions: Contact Russ Tronstad  
at [tronstad@email.arizona.edu](mailto:tronstad@email.arizona.edu) or  
520-621-2425

To have a lunch, register by October  
16<sup>th</sup> using the Qualtrics link of:  
[https://uarizona.co1.qualtrics.com/jfe/form/SV\\_2lCnEQzdvfDd5OZ](https://uarizona.co1.qualtrics.com/jfe/form/SV_2lCnEQzdvfDd5OZ)



## AGENDA

- |                |   |
|----------------|---|
| 9:00 – 9:30 am | Registration  |
| 9:30 – 9:45    | Beginning Rancher Trainings / Introductions                                     |
| 9:45 – 10:15   | Low Stress Handling Practices for Cattle  |
| 10:15 – 11:00  | Live Cattle Selection and Evaluation of Replacement Heifers                     |
| 11:00 – Noon   | Demonstration of Two Different Weaning Vaccination Protocols for V bar V Calves |
| Noon – 1 pm    | Lunch (provided)  |
| 1:00 – 2:00    | Value-Added Protocols for Marketing   |
| 2:00 – 2:30    | Closing Remarks / Evaluations   |

Sponsored by:



# Red Ribbon WEEK



## OCTOBER 21-25

**SEND A MESSAGE! STAY DRUG FREE!**

**OCTOBER 21  
MONDAY**

**WEAR RED FOR A DRUG FREE LIFE!**

KICK OFF THE WEEK WITH A FUN RUN/WALK  
SIGN UP AT RODEO CIRCLE 11:30AM-12:00PM

2:00-3:00 PM PRESENTATION WITH STACEY DELANEY AT PSES LIBRARY

DECORATING CONTEST BEGINS FOR TRIBAL DEPARTMENTS

POSTER CONTEST FOR K-8TH GRADE WILL START, WINNER WILL BE ANNOUNCED THURSDAY

**OCTOBER 22  
TUESDAY**

**TURN YOUR BACK ON DRUGS!**

WEAR YOUR SHIRT BACKWARDS!

2:00-3:00 PM MEDICATION SAFETY PRESENTATION

WITH REBECCA RICE AT PSES LIBRARY

**OCTOBER 23  
WEDNESDAY**

**PUT DRUGS TO SLEEP!**

WEAR YOUR PAJAMAS!

2:00-3:00 PM PRESENTATION

WITH EMS AT PSES IN THE GUAYO AREA

**OCTOBER 24  
THURSDAY**

**TEAM UP AGAINST DRUGS!**

WEAR YOUR FAVORITE TEAM SHIRT!

2:00-3:00 PM PRESENTATION

WITH EMS AT PSES IN THE GUAYO AREA

**OCTOBER 25  
FRIDAY**

**BE A JEAN-IUS, BE DRUG FREE!**

WEAR YOUR FAVORITE PAIR OF JEANS!

WINNER OF DECORATING CONTEST FOR DEPTS. WILL BE

JUDGED AND AWARDED

**MORE INFO PLEASE CALL HEALTH & WELLNESS AT 928.769.2207**

# Community Walks For October

## When?

Wednesday October 2nd

October 9th

October 23rd

October 30th



## Where?

Meet At the Multi. Building @

12:15pm

**Families of all ages are welcome!**

**Kids! Parents! Grandparents!**

For More Information Please Contact: Wellness Liaison,  
Shaundeen Buffalo

Phone: (928) 769 - 1630

Email: [sbuffalo@hualapai-nsn.gov](mailto:sbuffalo@hualapai-nsn.gov)



# Haunted Hoops #2 Open Men & Womens Basketball Tournament

OCTOBER 25TH & 26th.  
Peach Springs Tribal Gym.

**DOUBLE ELIMINATION- WINNER TAKES ALL**

**1ST 2ND & 3RD PLACE  
AWARDS  
ALL TOURNEY MVP MOST 3'S**

**ENTRY FEE: \$250.00**

**DEADLINE: DEPOSIT OF HALF BY OCT, 18 @ 5PM.**

**Each . No exceptions!!!**

For more information  
Contact the Hualapai  
Recreation dept @  
928.769.2652



HUALAPAI EARLY CHILDHOOD HOME VISITATION PRESENTS

# SENSORY Play EVENT



**For Age Group:  
0 to 2  
YEARS OLD**

**For more info:  
928-769-2207  
ext. 210**

**MONDAY OCT. 28TH @ 5:30 PM  
HEALTH, EDUCATION, & WELLNESS DEPT.**

We are hosting another Sensory Event! Focusing on the age range of 0 to 2 years – we will be making edible playdough, colored pudding, and sensory bottles while providing an enriching learning environment for both parent & child. Dinner & Books provided.

SO PER EBV  
## FIRST THINGS FIRST

Transportation Advisory Committee Meeting - Monday, November 4<sup>th</sup>  
Submitted by: Ginger Kathodhe | Hualapai Transit



# Hualapai Transit

PO Box 179 • Peach Springs, Arizona 86414 • 928-769-6184  
www.hualapai-transit.org • hualapai-transit@hualapai-nsn.gov

## \*\* TAC Meeting \*\*

Hualapai Transit will be hosting a TAC (Transportation Advisory Committee) to discuss new routes, last quarter numbers, direction of the transit system and any other transit issues the public may have.

**WHEN:** Monday, November 4, 2019

From 10:00AM—Noon

**WHERE:** Large Conference Room at the  
Health Department

Please come to the meeting and discuss your concerns, issues or ask any questions you may have regarding the transit staff and/or services.

**PUBLIC IS WELCOME AND ENCOURAGED TO ATTEND.**



Per Capita Notice - Check Distribution: Monday, November 25<sup>th</sup>  
Submitted by: April Siewiyumptewa | Hualapai Tribal Administration

## Community Notice

### \*Important Notice\*

Per Capita checks for 2019 will be handed out at the **GYM** on Monday, November 25<sup>th</sup>, 2019 from 8am-Noon. If you miss this distribution then your check will be mailed.

As always, please bring proper ID to pick up your check. If you come with no ID your check will be mailed. You may use State issued ID's as well as Tribal ID's. You will only be allowed to pick up your check. You will not be permitted to pick up a check for family member, spouse, or children over 18 yrs. old.

There will be no minor Per Capita checks distributed as 100% of the funds for the minors have been placed into the Trust. Those owing loans to the Tribe will have up to 20% of your distribution garnished to pay for these loans. This is only for Tribal loans not court ordered garnishments. For court ordered garnishment questions, please contact the court.

Please be sure to contact the Tribal Office to check your address before the checks are mailed. Deadline for address updates was Tuesday, October 15, 2019. Address changes after the deadline may have delayed mailing.

For any questions please contact April Siewiyumptewa or Finance Director Wanda Easter at (928)769-2216.

Thank you.

A wooden sign on a post with autumn leaves and a pumpkin. The sign contains the following text:

**FALL BAZAAR**  
11/14/2019 @ Tribal Gymnasium-Peach Springs, AZ.  
10am-5:30pm (Set-up at 9:00am) 1 Table/Per Vendor  
Fees: Hualapai Tribal Members-FREE  
Non-Tribal (other Tribal Affiliation)-\$25.00  
Non-Native-\$45.00  
All Vendors Welcome!

11/14/2019 @ Tribal Gymnasium-Peach Springs, AZ.  
10am-5:30pm (Set-up at 9:00am) 1 Table/Per Vendor

Fees: Hualapai Tribal Members-FREE  
Non-Tribal (other Tribal Affiliation)-\$25.00

Non-Native-\$45.00  
All Vendors Welcome!

Payments Payable to:  
Hualapai Tribe Fall Bazaar Fee  
Attn: Accounting Department

A large red pumpkin with a green stem and spiral lines on its side.

Contact Monique Alvarez  
928-522-4554  
or  
FB: Monique Alvarez/Monique Mahone

A string of colorful Christmas lights in red, yellow, green, and blue.

**CHRISTMAS BAZAAR**

TUESDAY(S), DECEMBER 12<sup>th</sup> & 19<sup>th</sup>, 2019

TRIBAL GYMNASIUM

PEACH SPRINGS, AZ

10:00 AM TO 5:30 PM

(Set up at 9:00am- 1 Table per vendor)

Arts & Crafts, Food & Native Jewelry. Come shop early for Christmas

Contact Monique Alvarez @ 928-522-4554 or FB: Monique Alvarez or Monique Mahone

**HAPPY HOLIDAYS!!**

Payments Payable to:  
Hualapai Tribe-Xmas Bazaar Vendor Fee  
@ Tribal Office-Accounting Staff

Fees:  
Hualapai Tribal Members-FREE  
Non-Tribal (other tribal affiliation)-\$25.00  
Non-Native-\$45.00

# EMPLOYMENT OPPORTUNITIES

Become a Census Worker • 2020 Census  
Submitted by: Kevin Davidson | Hualapai Planning Department

## Become a Census Worker for the 2020 Census



**Make your next job Count!**

The 2020 Census will count all the people living in the United States of America. We need your help!



**[2020census.gov/jobs](https://2020census.gov/jobs)**

Positions including:

- clerks
- recruiting assistants
- office operations supervisors
- census field supervisors
- census takers

The positions will be located nationwide and offer flexible work hours, including daytime, evenings and weekends.

A partial job description for Enumerators is below.

### ENUMERATOR

- Use automated smart phones or laptop computers to conduct job activities.
- Review assigned work to locate households for verifying addresses and/or conducting interviews.
- Conduct interviews with residents in assigned areas by following stringent guidelines and confidentiality laws.
- Explain the purpose of the census interview, answer respondent's questions, collect information following a script, and record census data using devices and/or paper forms.
- Update address lists and maps.
- Validate address and map updates for quality purposes.
- Follow procedures to conduct accurate work while maintaining acceptable production rates.
- Maintain and submit records of hours worked, miles driven, and expenses incurred in the performance of duties.
- Meet/talk with supervisor, as necessary, to review procedures, report issues or concerns, and receive additional instructions.

United States<sup>®</sup>  
**Census**  
Bureau



United States<sup>®</sup>  
**Census**  
**2020**





## 2019 Current Job posting for the Hualapai Tribe

### OPEN COMPETITIVE

	Job Title	Pay Rate	Opening Date	Closing Date
Cultural Resources	Head Start Language Program Manager	D.O.E.	September 18, 2019	Open Until Filled
Emergency Services	Firefighter/EMT-Basic	D.O.Q.	March 19, 2019	Open Until Filled
	Firefighter/Paramedic	D.O.Q.	March 19, 2019	Open Until Filled
Finance Department	Finance Assistant Director	D.O.Q.	April 03, 2019	Open Until Filled
Head Start	Program Aide (Full-time)	D.O.Q.	October 16, 2019	October 29, 2019
	Assistant Teacher (Full-time)	D.O.E.	October 16, 2019	October 29, 2019
Health Department	Hualapai Tribal Substance Abuse Action Plan Project Coordinator	D.O.E.	May 03, 2019	Open Until Filled
	Media Specialist (Part-time)	\$ 12.50 per hour	May 10, 2019	Open Until Filled
	Resident Advocate	\$10-\$15/Hr. ; D.O.E.	January 22, 2019	Open Until Filled
Juvenile Detention	Correctional Officer I, II and III	\$16.00 - \$18.00/Hr.	July 22, 2019	Open Until Filled
	Food Service Worker	\$9.00 - \$10.00/Hr.	September 4, 2019	Open Until Filled
Planning	Chief Building Official	D.O.Q.	October 16, 2019	Open Until Filled
Police Department	Police Officer (Certified)	\$39,520/Yr. to \$47,840/Yr.	December 06, 2018	Open Until Filled
<b>INTERNAL ONLY (For Current Tribal Employees Only) 3 DAYS IN-HOUSE</b>				
Public Defender's	Advocate	D.O.E.	October 16, 2019	October 18, 2019

FOR A COMPLETE JOB ANNOUNCEMENT PLEASE PICK UP AT THE TRIBAL ADMINISTRATION OFFICE OR VISIT OUR WEBSITE AT [HUALAPAI-NSN.GOV](http://HUALAPAI-NSN.GOV)

\*\*\* Please see Job Announcement(s) for more detail, you must meet all minimum qualifications as required on the job announcement in order for HR to send your application to the department for further review.

**- Please read the job announcement and make sure to put the Experience, Training and Education with your employment application.**

To work for the Hualapai Tribe, you minimally need to have the following:

- A High School Diploma or GED
  - A Valid Driver's License
  - Must submit to and pass a pre-employment drug/alcohol screening
  - AZ Clearance Card
- \*\*\* Please submit a copy of your HS and/or GED with your application. This needs to be submitted in order for your application to be sent to the department.  
Transcripts will be accepted as well.

For Employment with the Hualapai Tribe, please fill out an Employment Application and return to the Human Resources office.

Preference - All applicants are considered without regard to age, sex, race, national origin, religion, marital status, or physical disability. However, preference may be extended to persons of Indian descent in accordance with Public Law 88-355, Section 703 (702-71) and public law 93-638, Section 7B.

THE HUALAPAI TRIBE IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM

Auxiliary aids and services available upon request to individuals with disabilities

# EDUCATION & TRAINING



Hualapai Head Start Presentation • Friday, October 18<sup>th</sup>  
Submitted by: April Keller | Hualapai Head Start



## HUALAPAI HEAD START

Hualapai Head Start

All Staff Meeting

October 18, Friday 9:00 a.m. – 11:00 a.m.

**Dr. Melissa Wheeler**

**NAU Doctoral Education Psychology Program**

**Presentation**

**“The Impact of Alcohol and Drugs on Native Children”**

**Everyone is welcome to attend. Please RSVP with Pearl Sullivan at 769-2522**

Hualapai Head Start: Hualapai Genealogy • Tuesday, October 22<sup>nd</sup>  
Submitted by: Pearl Sullivan | Hualapai Head Start

HUALAPAI HEAD START PARENT COMMITTEE MEETING

# HUALAPAI



# GENEALOGY

**Bring any information on your  
family/band**

**TUESDAY, OCTOBER 22, 2019  
5:00PM- MULTI-PURPOSE BUILDING**

**HUALAPAI GENEALOGY EVENT WILL BE CONDUCTED BY THE HEAD START HUALAPAI LANGUAGE IMMERSION TEACHERS  
FOR MORE INFORMATION CONTACT THE HEAD START @ 769-2522**

Hualapai Head Start: Fall Spirit Walking Field Trip • Thursday, October 31<sup>st</sup>

Submitted by: Pearl Sullivan | Hualapai Head Start

HUALAPAI DAY CARE & HUALAPAI HEAD START



FALL SPIRIT  
WALKING FIELD TRIP

OCTOBER 31, 2019

BEGINNING AT 10A.M.

PLEASE DRESS YOUR CHILD AS THEIR FAVORITE CHARACTER  
PARENTS/GUARDIANS ARE ENCOURAGED TO PARTICIPATE

FOR MORE INFORMATION CONTACT DAY CARE @ 769-1515  
OR HEAD START @ 769-2522



**Gwe Spo:ja Yiwo**  
**Department Hualapai Education & Training**  
**PO Box 179**  
**Peach Springs, AZ 86434-0179**  
**phone: (928) 769-2200 fax: (928) 769-1101**

Re: Hualapai Higher Education Funding Application & Policy

**Hualapai Higher Education  
Committee Members**

Annette Bravo, Secretary  
928-769-2255  
[Annette.bravo@hualapai-nsn.gov](mailto:Annette.bravo@hualapai-nsn.gov)

Rosemary Sullivan, Chairwoman  
928-769-1630  
[Rsullivan@hualapai-nsn.gov](mailto:Rsullivan@hualapai-nsn.gov)

Michelle Zephier, Member  
928-769-1310  
[Mzephier@hualapai-nsn.gov](mailto:Mzephier@hualapai-nsn.gov)

Lisa Puente-Siyuja, Member  
928-769-2200  
[LPuente-Siyuja@hualapai-nsn.gov](mailto:LPuente-Siyuja@hualapai-nsn.gov)

Rison Walker, Member  
928-769-2216  
[RWalker@hualapai-nsn.gov](mailto:RWalker@hualapai-nsn.gov)

Gladys Crozier, Member  
928-769-2535  
[Gladys.Crozier@hualapai-nsn.gov](mailto:Gladys.Crozier@hualapai-nsn.gov)

Cydnie Crook, Member  
928-769-2419  
[Cydnie.Crook@grandcanyonresort.com](mailto:Cydnie.Crook@grandcanyonresort.com)

Dear Applicant:

Gamyu! The Department of Hualapai Education & Training (DHET) and the Hualapai Education Committee (HEC) are pleased you are interested in continuing your education.

We encourage all students to read the application & policy carefully and be familiar with them. A Financial Need Analysis is required for all applications. Please complete your Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov) as soon as possible, required for all applicants. **All applications must be submitted by the deadlines.**

The Education Coordinator is responsible for receiving all applications and will provide recommendations to the Hualapai Education Committee. Communication with the students is a priority for the Education Coordinator and the HEC. **It is the student's responsibility to provide a current email and mailing address for all correspondence between Education Coordinator and student, as stated in the policy.**

If you have any questions or need more information please contact Jonell Tapija Education Coordinator, at 928-769-2200, [hualapaieducationdepartment@gmail.com](mailto:hualapaieducationdepartment@gmail.com) or a Hualapai Education Committee member. We look forward to working with you and good luck with your education goals!

Mah hankyu!

**HUALAPAI TRIBE**  
**DEPARTMENT OF HUALAPAI EDUCATION AND TRAINING**  
460 Hualapai Way, P.O. Box 179, Peach Springs, AZ 86434,  
Phone: 928-769-2200 fax: 928-769-1101

**HUALAPAI HIGHER EDUCATION FUNDING PROGRAM POLICIES**

**I. Purpose**

- A. The purpose of the Hualapai Higher Education Funding Program (HHEFP) is to provide financial assistance for enrolled members of the Hualapai Tribe seeking an Associate of Arts or Associates of Science or Associates of General Studies, Bachelors, Masters, or Post-Graduate degree or Certification at an accredited college/university/vocational institution.

**II. Definitions**

- A. Academic Term: means the duration of one semester, one quarter, or one trimester, as determined by the specific higher education institution.
- B. Academic Year: means the duration of two semesters, two trimesters, or three quarters as determined by the specific higher education institution.
- C. Accreditation: means the process of meeting and maintaining certain educational delivery methods and standards as prescribed by a nationally and regionally recognized accrediting association.
- D. Applicant: means any person who has applied for financial assistance through this Program pursuant to the Program's policies.
- E. Award: means upon eligibility and availability of funds, to confer upon an Applicant a specified amount of money in financial assistance for an Academic Term.
- F. Certificate of Indian Blood (CIB): means a certified document issued by the Hualapai Tribe Enrollment Office verifying that an Applicant is an enrolled tribal member.
- G. Credit Hour: means a unit of measurement referring to the amount of credit a student receives for completion of one or more courses per Academic Term. Credit hours are measured differently according to whether the institution the student is attending is on the semester, quarter or trimester system.
- H. Financial Aid Office: means the office of an institution of higher education that has responsibility for administering financial aid
- I. Financial Needs Analysis (FNA): means a determination of financial need based on the projected cost of education for one academic year minus financial assistance, scholarships, grants. (Family contribution & loans will not be considered).

- J. Financial Assistance: means specific financial assistance funds awarded by the Program to an eligible tribal member based on the Financial Needs Analysis (FNA) and availability of funds for an Academic Term or Academic Year.
- K. Full-Time Student: means and Applicant pursuing a degree and carrying the minimum amount of Credit Hours to be classified as “full time” during an Academic Term as determined by the institution.
- L. Higher Education: means a post-secondary education received at an accredited educational institution.
- M. Official Transcript: means a transcript received directly from an educational institution in a sealed envelope and appropriately stamped or indented as an official copy.
- N. Part-Time Student: means an Applicant pursuing a degree and carrying less than the minimum amount of Credit Hours to be classified as “full-time” during an Academic Term as determined by the institution.
- O. Pledge of service: a service can include but is not limited to counseling sessions, presentation in the field of study, mentorship, power point, seek employment, program development, complete a family tree with lineage. Other pledges of services will be determined on a case by case basis.
- P. Probation: means the failure to comply with the academic standards as prescribed by these Program policies, resulting in possible disqualification within the Academic Term funded.
- Q. Student: means an Applicant who has been officially and fully admitted to an accredited post-secondary institution.

### **III. Eligibility**

- A. The Applicant shall be legally enrolled member of the Hualapai Tribe.
- B. Applicants must have a high school diploma or equivalency certificate prior to applying to the Program for an Award
- C. Applicants shall be officially and fully admitted to an accredited educational institution before obtaining an Award.
- D. Applicants shall have a complete Higher Education application in accordance with established policies.

### **IV. Application Deadline**

- A. For the Fall/Spring and Fall Academic Terms Only: Applicants shall complete an application and provide their supporting documents by July 1<sup>st</sup> of each year.
- B. For the Spring Academic Term Only: Applicants shall complete an application and provide their supporting documents by October 1<sup>st</sup> of each year.
- C. For the Summer Academic Term Only: Applicants shall complete an application and provide their supporting documents by April 1<sup>st</sup> of each year.

## V. Applicant's Responsibilities

- A. The Applicant shall complete a higher education application for each Academic Year, including all supporting documents. The Applicant is also responsible for completing the financial aid requirements of the institution to which they are seeking admission.
- B. The Applicant must submit the application in a timely manner. *Applications will not be accepted after the deadline. Incomplete applications will not be processed.*
- C. The Applicant shall immediately notify the Program and report in writing any change in name, enrollment, course load, and withdrawal and transfer status.
- D. The Applicant is responsible for submitting all documentation as required by the Program and other documents relative to financial aid, grades and standing at their school. Official transcripts must be submitted no later than 30 working days after completion of each Academic Term.
- E. A Full-Time Student shall be responsible for adhering to the following time lines:  
Associate Degree-equivalent to 6 full-time semesters or 80 credit hours  
Bachelor's Degree-equivalent to 10 full-time semesters or 150 credit hours  
Graduate Degree-equivalent to 6 full-time semesters or 54 credit hours  
Vocational degree/cert-determined by school
- F. The Applicant *must apply* to other available financial aid programs with the federal and state government, i.e. FAFSA, Pell Grant, each academic year. Applicants fully funded by other Hualapai Tribe entities are *NOT* eligible for HHEFP funding.
- G. The HHEFP is provided as a **privilege**, with the requirement that the Applicant, within one year of the graduation date, be expected to return to the Hualapai Tribe to fulfill their Pledge of Service.

## VI. Application Procedures

- A. All Applicants shall complete and submit all required documentation as described in the Higher Education Application and herein, including those documents from the institution.
- B. All Applicants shall submit a certificate of Indian blood (CIB), letter of admission, graduation check list, and a current class schedule from the institution.
- C. All the Applicants shall submit official transcripts at the time of application and after each academic term.

## VII. Student Probation/Suspension

- A. A review of Student records will take place monthly to identify Students who have failed to meet the Program requirements.

- B. Any Student who does not maintain a 2.0 grade point average will be subject to academic probation. If the Student is attending an institution that does not rate academic progress through grade point averages, then the Student must be achieving satisfactory progress as defined by the institution that Student is attending.
- C. A Student on probation will receive funding but will be notified that he/she has one Academic Term to bring his or her grade point average up to 2.0 or better, or to achieve satisfactory progress as defined by the institution the Student is attending. The Student will be recommended to seek tutoring at his or her own expense.
- D. If the probationary Student fails to bring his or her grade point average up to at least 2.0 or to achieve satisfactory progress as defined by the institution the Student is attending, the student will be placed on academic suspension. The Student will need to attend school at his/her own expense until the deficiencies are corrected.
- E. Any Student whose course load drops below the awarded minimum will be placed on academic probation.
- F. Any Student who withdraws from all registered courses or fails to complete the Academic Term will be placed on academic suspension. The Student must retake the equivalent credit hours at their own expense to be eligible for future funding.
- G. Any Student who fails to complete a vocational/technical program will be immediately placed on academic suspension. The Student may be responsible for monies owned to the institution.

#### **VIII. Financial Awards**

- A. The Program's Awards are based according to information the Program receives on the 'Financial Needs Analysis', completed by the financial aid office at each institution and submitted to the Program.
- B. All undergraduate and vocational Students are eligible to receive up to \$24,000 per academic year for all educational expenses. The amount of the award is dependent on the availability of funds for awards by the Program as determined by the Tribal Council on an annual basis during the Tribe's budgeting process.
- C. Students seeking a Master's Degree or Doctorate Degree are eligible to receive \$34,000 per academic year. The amount of the award is dependent on the availability of funds for award by the Program, as determined by the Tribal Council on an annual basis during the Tribe's annual budgeting process.
- D. Students who are enrolled *full-time in on-line classes and/or programs will receive funding for direct costs such as tuition and fees, textbooks and supplies.*
- E. Students who are enrolled *part-time will receive funding for direct costs such as tuition and fees, textbooks and supplies.*
- F. Awards will be paid to the school for tuition/fees and on campus room and board. Awards will not be disbursed until the higher education application is complete.



Payments made by the Student for educational expenses and which Awards are meant to cover, may be eligible for reimbursement by the Program.

- G. Students who are having serious financial difficulties may request a one-time emergency award. Supporting documentation must accompany the request and the awarded amount is dependent on available funds.
- H. Any misuse, non-use or other defaults will result in the Program being authorized to recover the monies from any payment made to the Student from the Hualapai Tribe. This includes filing a claim with the Hualapai Tribal Court for repayment.

## **IX. Appeal Process**

The applicant has the right to appeal a denial *within 14 days* after postmarked date of the award/denial letter. The written appeal shall contain the following information:

1. The full name, address and student identification number of the applicant making the appeal.
2. A clear concise statement of the facts, pertinent dates of complaint to be considered and supported documents with a phone number or email address for Department of Higher Education to contact appellant.
3. The letter of email requesting appeal shall be directed to:

Hualapai Education Committee  
Department of Hualapai Education and Training  
P.O. Box 179/460 Hualapai Way  
Peach Springs, AZ 86434  
[hualapaieducationdepartment@gmail.com](mailto:hualapaieducationdepartment@gmail.com)

## **X. Other**

- A. Classes not required for a degree/certificate will not be paid for by the Program. These classes do not count towards Full-Time Student status as well.
- B. Vocational and technical training applications will not be accepted between August 1<sup>st</sup> and December 31<sup>st</sup> of each year.
- C. Students who complete a vocational program, of any type, will be ineligible for further funding for one year.
- D. Vocational and technical Applicants must allow for at least four weeks for application approval and funding.
- E. All Students must have a declared major or emphasis of study. A Student cannot be classified as an “undeclared” major.
- F. Students who are full-time employees of the Hualapai Tribe and are classified as Full-Time Students, will be eligible to receive tuition, textbook and transportation expenses.

G. The following expenses will not be covered by the Program: application fees, childcare, moving expenses, student's health insurance, graduation expenses and parking fees.

**HUALAPAI TRIBE**  
**DEPARTMENT OF HUALAPAI EDUCATION AND TRAINING**  
460 Hualapai Way, P.O. Box 179, Peach Springs, AZ 86434,  
Phone: 928-769-2200 fax: 928-769-1101

**HUALAPAI HIGHER EDUCATION FUNDING PROGRAM APPLICATION**

To be considered for assistance you or your college/ institution must complete and return the attached documents by the appropriate deadline. Not doing so will result in an incomplete application and denial for assistance. Below is a check list of the required documents for your convenience. Please keep a copy of all submissions for your records.

Documents included in this application:

- Application information Sheet**, must be completed each academic year.
- Essay and Student Agreement**, must be completed each academic year.
- Financial Need Analysis Form**, must be completed each academic year, full-time students only

**Additional documents you need to submit with your application:**

- Academic Plan**, first time applicants only or as needed.
- Verification Tribal Enrollment**, copy of CIB or Tribal ID Card, first time applicants only
- Letter of Admission** or semester class schedule/billing statement, each semester
- Copy of high school diploma or G.E.D. Certificate**, first time applicants only.
- Current Official Transcript**, must be submitted each semester
- Copy of Housing Agreement**

**All students** just submit an Academic Plan that specifies their course of study or declared major, lists specifically all classes required for their program, and indicates an expected graduation date. It is recommended that the student obtain this plan directly from a student advisor at their chosen school. The Academic Plan may be a 'Degree Requirement Checklist' printed at their school or in their school's general catalog.

**Full-time students** are required to complete the Free Application for Federal Student Aid (FAFSA) each academic year and refer to the Financial Aid Office at their school. The Financial Needs Analysis (FNA) Form is completed by the Financial Aid office at the school. Scholarship awards will be based on information provided to the Higher Education Office on the FNA form.

**Part-time students** are eligible to receive tuition, fees, textbooks, and supplies. The supplies allowance will be \$10.00 per class. Students will also receive a transportation allowance in the amount of \$100 per three credits.

**PLEASE NOTE THAT ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.** Students will be advised by letter as the status of their application. Students are responsible for reviewing and becoming familiar with the Hualapai Higher Education Funding Program guidelines contained in this application.

## APPLICATION DEADLINES

FALL ONLY AND FALL/SPRING APPLICATION DEADLINE	JULY 1 <sup>ST</sup>
SPRING ONLY APPLICATION DEADLINE	OCTOBER 1 <sup>ST</sup>
SUMMER APPLICATION DEADLINE	APRIL 1 <sup>ST</sup>
VOCATIONAL/TECHNICAL APPLICATIONS ACCEPTED	JANUARY 1 <sup>ST</sup> – SEPTEMBER 1 <sup>ST</sup>

## GENERAL ELIGIBILITY FOR SCHOLARSHIP:

- A. Be enrolled in the Hualapai Tribe.
- B. Be a high school graduate or have earned a GED certificate.
- C. Be admitted and enrolled at an accredited institution.
- D. Be pursuing a professional degree (Association, Bachelors, Masters, Doctorate or Vocational certificate)

## RESPONSIBILITIES OF THE APPLICANT

The Applicant must:

- A. Complete a new application form for each academic year, including all supporting documents.
- B. Submit the application in a timely manner. Applications will not be accepted after the deadline, NO EXCEPTION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
- C. Notify the Higher Education Office and report in writing any change in course enrollment, course load, and withdrawal.
- D. Request official transcripts at the end of each semester or grading period. Official transcripts are mailed directly to the Higher Education Office.
- E. Adhere to the following time lines.  
Associate's degree = 6 full-time semesters    Master's degree= 9 full-time semesters  
Bachelor's degree = 10 full-time semesters    Doctorate degree= 9 full-time semesters  
Vocational deg./cert = determined by school
- F. Be responsible for meeting other additional conditions for any of the scholarships or services received from Higher Education Program. These conditions may be provided to the student individually.

## STUDENT PROBATION/SUSPENSION

- A. A review of student records will take place monthly to identify students who did not meet the Higher Education Program requirements.
- B. Any student who does not maintain a 2.0 grade point average will be placed on academic probation. The student will then have one semester to bring GPA up to 2.0 or better. If

the student does not correct the deficiencies, the student will be placed on academic suspension. The student would then need to attend school at his/her own expense until the deficiencies are corrected.

- C. Any student whose course load drops below the awarded minimum must pay back the difference in award. The student will then be placed on academic suspension until the award amount is paid back. The student may be responsible for monies owed to the institution. Repeat courses are also the responsibility of the student.
- D. Any student who fails to complete the semester/program will be immediately placed on academic suspension. The student may be responsible for monies owed to the institution.

## **OTHER**

- A. Classes not required for a degree/certificate will not be paid for by the Program. These classes do not count towards Full-Time Student status as well.
- B. Students who attend vocational/technical programs will not be eligible for funding for one year after completion of their program.

## HUALAPAI HIGHER EDUCATION FUNDING PROGRAM APPLICATION

TERM			ANTICIPATED CREDIT HOURS	
<input type="checkbox"/>	FALL:	SPRING:	<input type="checkbox"/>	3-5 HOURS
<input type="checkbox"/>	FALL ONLY:		<input type="checkbox"/>	6-8 HOURS
<input type="checkbox"/>	SPRING ONLY:		<input type="checkbox"/>	9-11 HOURS
<input type="checkbox"/>	OTHER:		<input type="checkbox"/>	FULLTIME
			<input type="checkbox"/>	OTHER:

STUDENT NAME		SSN	DOB
		XXX-XX-	
MAILING ADDRESS			
PHYSICAL ADDRESS			
CITY		STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS			
HIGH SCHOOL	GRADUATION DATE	GED DATE	

Are you an employee of the Hualapai Tribe? Check One      NO       YES   
 Have you received a tribal scholarship before? Check One      NO       YES   
 If yes, when? \_\_\_\_\_

List all colleges, universities, and vocational/technical schools attended: (Use the back of this form is necessary)

Name	City/State	Semester/Year

COLLEGE/SCHOOL TO ATTEND		
MAILING ADDRESS		
MAJOR/MINOR	CREDITS COMPLETED	PROJECTED GRADUATION DATE

**I hereby certify that the above information is true and correct to the best of my knowledge. If and when this application is approved, I shall accept and abide by all conditions stipulated in the Hualapai Tribe Higher Education program guidelines and will be bound by the responsibilities and consequences thereof.**

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 Date

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

## ESSAY

On a separate sheet of paper, please submit an essay briefly describing your educational goals and how you will utilize your education.

## STUDENT AGREEMENT

I, the student receiving the tribal award, have a responsibility to the Hualapai Tribe to adhere to all Higher Education Program Requirements. I also hereby agree to **REPAY THE TOTAL AMOUNT OF MONIES** awarded by the Hualapai Tribe for higher education expenses including tuition, fees, books, meals and housing if I violate the conditions set forth in the program guidelines contained in the policies and application.

I, also agree that within one year of my graduation date, I will be expected to return to the Hualapai Tribe to fulfill my Pledge of Service.

**I hereby further agree, that if I violate the conditions set forth in the Hualapai Tribe's Higher Education guidelines and/or policies, and do not repay the Hualapai Tribe's Higher Education monies I was awarded, that the monies I owe shall be garnished from my wages and/or my per capita payments. I have read and understand the forgoing obligation.**

Finally, I, the student, have read the Higher Education guidelines and agree to actively pursue my education to the best of my ability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Options for Returning Documents:

**By US Mail:** Gwe Spo:ja Yiwo  
Department of Hualapai Education and Training  
Attn: Education Department  
P.O. Box 179  
Peach Springs, AZ 86434-0179

**By Fax:** Attn: Jonell Tapija, Education Coordinator  
928-769-1101

**By email:** [hualapaieducationdepartment@gmail.com](mailto:hualapaieducationdepartment@gmail.com)

## FINANCIAL NEED ANALYSIS (FNA)

**TO BE COMPLETED BY STUDENT**  
**(STUDENT: TAKE/SEND this FNA form to the Financial Aid Office for completion)**

Fall \_\_\_\_\_ /Spring \_\_\_\_\_    Fall ONLY \_\_\_\_\_    Spring ONLY \_\_\_\_\_    Other: \_\_\_\_\_

On Campus: \_\_\_\_\_

Off Campus: \_\_\_\_\_

SSN: _____	College: _____
Name: _____	Address: _____
Address: _____	
Telephone: _____	Telephone: _____

I hereby give permission to the Hualapai Higher Education Funding Program to request and receive any information on financial and academic progress.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**To be completed by a Financial Aid Officer**  
**(Send to the Hualapai Higher Education Funding Program. Initial any corrections.)**

SCHOOL EXPENSES:	AWARDS:	RESOURCES:
Tuition/Fees     \$ _____	Pell Grant         \$ _____	Student Contribution     \$ _____
Books & Supplies     \$ _____	S.E.O.G.             \$ _____	Parent Contribution     \$ _____
Room & Board         \$ _____	Work Study         \$ _____	Spouse Contribution     \$ _____
Personal Expenses     \$ _____	Loans                 \$ _____	Veterans Benefits         \$ _____
Transportation         \$ _____	Tuition Grant         \$ _____	Social Security             \$ _____
Other _____     \$ _____	Other _____     \$ _____	Other _____             \$ _____
<b>TOTAL EXPENSES:     \$ _____</b>	<b>TOTAL AWARDS:         \$ _____</b>	<b>TOTAL RESOURCES:     \$ _____</b>
<b>ASSESSED NEED=EXPENSES LESS AWARDS AND RESOURCES:     \$ _____</b>		

The above expenses are for the student attending  full-time,  ¾ time,  ½ time,  ¼ time.

Deadline Dates: Tuition: \_\_\_\_\_ Dorm: \_\_\_\_\_

Financial Assistance request will cover expenses for the period: \_\_\_\_\_ to \_\_\_\_\_

This applicant is not eligible for financial aid under the rules of this institution.

This student has not applied for financial aid.

\_\_\_\_\_  
FAO Signature

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

Return to: Hualapai Higher Education Funding Program  
P.O. Box 179/460 Hualapai Way  
Peach Springs, AZ 86434

email: [hualapaieducationdepartment@gmail.com](mailto:hualapaieducationdepartment@gmail.com)  
Phone: (928)769-2200  
FAX: (928)769-1101





# AIANTA

American Indian Alaska Native  
Tourism Association

## American Indian Alaska Native Tourism Association Scholarship Applications Available

### Interested in a career in the hospitality and tourism industry?

Apply for AIANTA's Hospitality and Tourism Scholarship Program. AIANTA, as part of our mission, established the Scholarship Program to provide American Indian, Alaska Native, and Native Hawaiian students with financial assistance to earn a degree or certificate in the hospitality, tourism, recreation, culinary arts or related fields.

AIANTA awards three scholarships to American Indian, Alaska Native and/or Native Hawaiian students in a competitive review process. AIANTA encourages Indigenous students to develop careers in the cultural tourism industry to help sustain and strengthen your tribe's cultural legacy.

#### Application Criteria:

- Must be of American Indian, Alaska Native, or Native Hawaiian heritage (student must show documentation)
- Attending or enrolled in an accredited 2 or 4-year college/university or technical/vocational institution
- Must be attending and enrolled as a part-time or full-time student with an expressed interest in pursuing a career in tourism or tourism related field
- GPA must be 2.5 or above (ALL current or future undergraduate/graduate college students are encouraged to apply)
- Scholarships are available for certificate and associate programs, undergraduate and graduate programs - online colleges are applicable
- Scholarships are only to be used for books and/or tuition



Nicole Russell, Echota Cherokee,  
AIANTA Scholarship Recipient

#### Award Amount:

\$1000 per academic year (FALL/SPRING semester only), \$500 per semester

#### Deadlines:

Postmarked by **December 7, 2019** for the Spring Semester

**GO TO <https://www.ainta.org/scholarships/> TO APPLY**

#### For More Information:

Contact Sherrie L. Bowman  
American Indian Alaska Native Tourism Association (AIANTA)  
2401 12th St NW  
Albuquerque, NM 87104  
(505) 724-3592 or [sbowman@ainta.org](mailto:sbowman@ainta.org)

For more information about AIANTA, visit our websites, [www.ainta.org](http://www.ainta.org) and [NativeAmerica.travel](http://NativeAmerica.travel)



**SY 2019-2020 — Friday School KUSD Tutoring Dates**

Friday, September 6, 2019  
Friday, September 20, 2019

**\*\*END OF 1<sup>ST</sup> QUARTER 9/26/19\*\***

Monday, September 30, 2019 - Thursday, October 3, 2019  
\*FALL INTERSESSION @ PEACH SPRINGS\*

Friday, November 1, 2019  
Friday, November 15, 2019  
Friday, December 6, 2019

**\*\*END OF 2<sup>ND</sup> QUARTER 12/19/2019\*\***

Friday, January 24, 2020  
Friday, February 7, 2020  
Friday, February 21, 2020

**\*\*END OF 3<sup>RD</sup> QUARTER 3/3/2020\*\***

Monday, March 9, 2019 - Thursday, March 12, 2020  
\*SPRING INTERSESSION \*

Friday, March 27, 2020  
Friday, April 17, 2020  
Friday, May 1, 2020  
Friday, May 15, 2020

**\*\*END OF 4<sup>TH</sup> QUARTER 5/21/2020\*\***

# HEALTH & SAFETY INFORMATION

**Celebrate Recovery • Mondays at 6:00PM**  
Submitted by: Keely Sage | Celebrate Recovery

## Celebrate Recovery NATIVE NATIONS

### ROAD TO RECOVERY

It's not only about addictions.  
It's about life's Healing Choices.

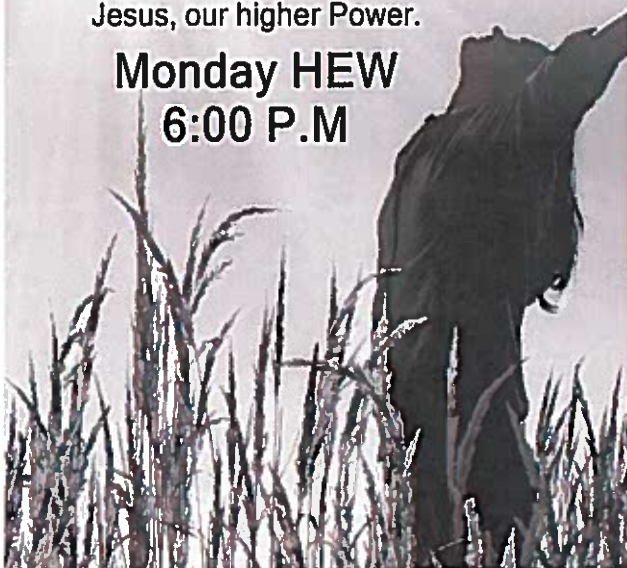
Restoring Relationships  
with family and friends.

Releasing Co-dependency

Resolving Anger Behavior

Recovering your walk with  
Jesus, our higher Power.

**Monday HEW  
6:00 P.M**



**Women's Support Group • Tuesdays & Thursdays at 5:30PM**  
Submitted by: Tasha Nez | Hualapai Human Services

**UPDATED FLYER  
Sept. 3, 2019**

Hey Gorgeous,  
Let's Celebrate!

Women's Support  
Group!

NOW...

Every Tuesdays &  
Thursdays

5:30 PM—6:30 PM

Hualapai Human Services  
311 Shady Lane  
Peach Springs, AZ 86441

Domestic Violence Prevention Initiative  
928.769.2269

Tasha Nez, DVPI Advocate  
Knesha Madrid, DVPI Manager

Closed on federal holidays and administrative leave days determined by Tribal Administration.

## Teen "Young Women" Support Group

*13 to 17 years old*

Come show your support for each other, learn how to bead, sew, and most of all support 1 another through the tough times. Lets help each other, We are the future.

Please come and join us.

**Where: Hualapai Social Services**

**When: every Wednesday**

**Time: 5:30 pm to 6:30 pm**

Hosted by: Juliana Nez , Just another Hualapai Teen

Sponsored by: Hualapai Social Services





# Mental Health First Aid

## Join the movement.

Sometimes first aid isn't a bandage, or CPR or calling 911. Sometimes, first aid is **YOU.**

Tuesday, October 29, 2019 • 8 AM - 5 PM

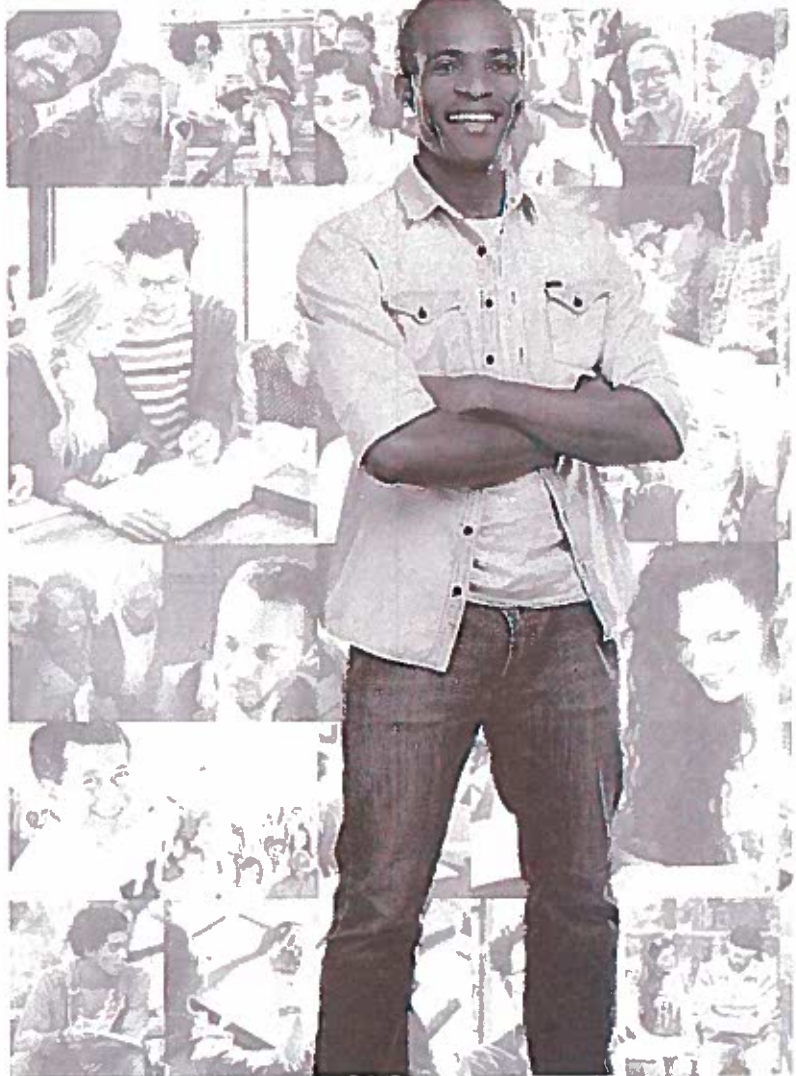
Peach Springs IHS Training Room

943 Hualapai Way, Peach Springs, AZ

A person you know could be experiencing a mental health or substance use problem.

**Learn an action plan to help.**

You are more likely to encounter someone in an emotional or mental crisis than someone having a heart attack. Learn how to help a friend, family member, coworker or neighbor in need. Get trained in Mental Health First Aid.



Take a course. Save a life.  
**Strengthen your community.**

For more information, visit  
[www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)

## Mental Health First Aid USA

Mental Health First Aid is a public education program that introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews appropriate supports. This 8-hour course uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect people to the appropriate professional, peer, social and self-help care. The program also teaches common risk factors and warning signs of specific illnesses like anxiety, depression, substance use, bipolar disorder, eating disorders and schizophrenia.

Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).

### COURSE DETAILS

Mental Health First Aid teaches participants a five-step action plan, ALGEE, to support someone developing signs and symptoms of a mental illness or experiencing an emotional crisis:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies



Like CPR, Mental Health First Aid prepares participants to interact with a person in crisis and connect the person with help. First Aiders do not diagnose or provide any counseling or therapy. Instead, the program offers concrete tools and answers key questions like, "What do I do?" and, "Where can someone find help?" Certified Mental Health First Aid instructors provide a list of community healthcare providers and national resources, support groups and online tools for mental health and addictions treatment and support. All trainees receive a program manual to complement the course material.

### PROGRAM GROWTH

Mental Health First Aid was introduced in the U.S. in 2008 and, to date, more than 1 million people from all 50 states, the District of Columbia and Puerto Rico have taken the course. The course is offered to a variety of audiences, including hospital staff, employers and business leaders, faith communities and law enforcement. Approximately 400 people are trained each day, with that number expected to increase.

In 2012, Youth Mental Health First Aid was introduced to prepare trainees to help youth ages 12-18 that may be developing or experiencing a mental health challenge. Specialized versions of Mental Health First Aid including the Veterans, Public Safety, Higher Education, Rural and Older Adults modules and a Spanish version of the Youth and Adult curriculum are also available.

Mental Health First Aid was included in the President's plan to reduce gun violence and increase access to mental health services. In 2014, Congress appropriated \$15 million to SAMHSA to train teachers and school personnel in Youth Mental Health first Aid; in 2015 an additional \$15 million was appropriated to support other community organizations serving youth. The Mental Health First Aid Act of 2015 (S. 711/H.R. 1877) has broad bi-partisan support and would authorize \$20 million annually for training the American public. Fifteen states have made Mental Health First Aid a priority by appropriating state funds, including Texas that has allocated \$5 million.

For more information or questions about Mental Health First Aid, please go to [info@MentalHealthFirstAid.org](mailto:info@MentalHealthFirstAid.org). To find a course or contact an instructor in your area, visit [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org).

*Revised 10/19/2017*



# Mental Health First Aid

## 8-hour Course

**October 29, 2019**  
**8:00 am – 5:00 pm**  
**Peach Springs IHS Training Room**  
**943 Hualapai Way**  
**Peach Springs, AZ**

### REGISTRATION

To register, please email the information below to [taryn.watson@ihs.gov](mailto:taryn.watson@ihs.gov). If you do not have access to email, call (602) 364-5183 or fax this completed form to (602) 364-5025.

Questions? Call Taryn Watson at (602) 364-5183 or Rebecca Rice at (928) 769-2923.

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION & EMPLOYER NAME:** \_\_\_\_\_

**Brief description of why you are enrolling in the course:** (Examples: help family member or loved one, better serve clients/public health with mental issues, seeking general mental health information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*ALERT - the Mental Health First Aid Action Plan*

- Assess for risk of suicide or harm*
- Listen nonjudgmentally*
- Give reassurance and information*
- Encourage appropriate professional help*
- Encourage self-help and other support strategies*

*The National Council for Behavioral Health was instrumental in bringing Mental Health First Aid to the U.S. in 2008.*

Hualapai Good Health & Wellness in Indian Country (GHWIC) wanted to share with you, that other tribes are banning e-cigarettes/ vaping products for the health of their people. Hualapai GHWIC has a Tobacco Policy that was passed by Tribal Council on October 24th, 2017. The GHWIC Program has “No Smoking/ No Vaping” signs for Tribal Departments, if you need signs my information is below.



Julian Bear Runner

## Oglala Sioux Tribe Office of the President

P.O. Box #2070  
Pine Ridge, South Dakota 57770  
1(605) 867-5821 Ext. 8420 (O) / 1(605) 867-6076 (F)



### Oglala Sioux Council Bans E-Cigs Sept. 26, 2019

I am happy to announce the Oglala Sioux Tribal Council has taken bold action to regulate nicotine intake via “Electronic Smoking Devices” or “ESDs” in the newly adopted ordinance of the Oglala Sioux Tribe. Recently, there have been a few deaths because of certain ESD or “Vape”, “Cartridge”, and possibly other devices which caused concern and provided reason to adopt this law.

In the near future it would empower us to adopt additional legislation related to the cultivation and sale of all forms of tobacco and nicotine as those industries have profited from our misery since we can remember. It is to our benefit to authorize only tobacco the Oglala Sioux Tribe has sanctioned to ensure the most favorable overall health impact on our people as users.

Thank you to the Council for your leadership.

Julian Bear Runner, President  
Oglala Sioux Tribe



GHWIC: Vondell L. Bender, GHW Educator/ GHWIC Site Coordinator  
Health Education & Wellness Department—(928) 769-2207 Ext. 209



## Doctors Say Vaping is Likely Cause of Gilbert Man's Illness

Submitted by: Vondell Bender | Huapai Health, Education & Wellness | AZfamily.com



Source: Jake Zimmerman for 3TV/CBS 5

**GILBERT, AZ (3TV/CBS 5)** -- Jake Zimmerman, 21, of Gilbert had been vaping for two years without any health problems. Then, a few weeks ago, he ran a high fever and started gasping for air.

"I started feeling something, but then a few days went by. It got progressively worse to the point where I couldn't walk," Zimmerman explained. "It was just super hard to catch my breath. I felt pain as I was trying to catch my breath."

Zimmerman was diagnosed with a severe case of pneumonia and spent seven days in the hospital. Zimmerman said doctors almost placed him in a medically induced coma at one point. Doctors believe Zimmerman's illness was directly related to vaping.

"It's totally not worth getting that habit, thinking that nothing bad is going to happen to me," said Zimmerman. "But then look what happened to me." More than 1,000 vaping-related respiratory cases have been reported nationwide, with at least seven of those cases in Arizona. Zimmerman now wants to warn others about the dangers of vaping.

"A lot of people really don't care still, which is kind of unfortunate," said Zimmerman. "I'm trying to spread around awareness." Zimmerman said he will never use an e-cigarette again and hopes others will do the same.

## Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping

Submitted by: Vondell Bender | Huapai Health, Education & Wellness

**CDC** Centers for Disease Control and Prevention  
CDC 24/7 Saving Lives. Protecting People™

### Smoking & Tobacco Use

## Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping



CDC, the U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating a multistate outbreak of lung injury associated with use of e-cigarette, or vaping, products.

If you have questions about CDC's investigation into the lung injuries associated with use of electronic cigarette, or vaping, products, contact CDC-INFO or call 1-800-232-4636.

### What we know

- As of October 8, 2019, 1,299\* lung injury cases associated with the use of e-cigarette, or vaping, products have been reported to CDC from 49 states, the District of Columbia, and 1 U.S. territory.
- Twenty-six deaths have been confirmed in 21 states.
- All patients have reported a history of using e-cigarette, or vaping, products.
- Most patients report a history of using tetrahydrocannabinol (THC)-containing products. The latest na-

tional and state findings suggest products containing THC, particularly those obtained off the street or from other informal sources (e.g. friends, family members, illicit dealers), are linked to most of the cases and play a major role in the outbreak.

- Therefore, CDC recommends that you should not use e-cigarette, or vaping, products that contain THC.
- Exclusive use of nicotine containing products has been reported by some patients with lung injury cases, and many patients with lung injury report combined use of THC- and nicotine-containing products. Therefore, the possibility that nicotine-containing products play a role in this outbreak cannot be excluded.
- At present, CDC continues to recommend that people consider refraining from using e-cigarette, or vaping, products that contain nicotine.

### What we don't know

- At this time, FDA and CDC have not identified the cause or causes of the lung injuries in these cases, and the only commonality among all cases is that patients report the use of e-cigarette, or vaping, products.
- This outbreak might have more than one cause, and many different substances and product sources are still under investigation. The specific chemical exposure(s) causing lung injuries associated with e-cigarette product use, or vaping, remains unknown at this time



## What CDC recommends

- CDC recommends that people:
  - Should not use e-cigarette, or vaping, products that contain THC.
  - Should not buy any type of e-cigarette, or vaping, products, particularly those containing THC, off the street.
  - Should not modify or add any substances to e-cigarette, or vaping, products that are not intended by the manufacturer, including products purchased through retail establishments.
- At present, CDC continues to recommend that people consider refraining from using e-cigarette, or vaping, products that contain nicotine.
- If you are an adult using e-cigarette, or vaping, products to quit cigarette smoking, do not return to smoking cigarettes. Use evidence-based treatments, including healthcare provider counseling and FDA approved medications at:  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/tobacco/pharmacologic-guide.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf)
- If you have recently used an e-cigarette or vaping product, see a healthcare provider immediately if you develop symptoms like those reported in this outbreak.
- Regardless of the ongoing investigation:
  - E-cigarette, or vaping, products should never be used by youths, young adults, or women who are pregnant.
  - Adults who do not currently use tobacco products should not start using e-cigarette, or vaping, products.
  - THC use has been associated with a wide range of health effects, particularly with prolonged heavy use. The best way to avoid potentially harmful effects is to not use THC, including through e-cigarette, or vaping, products. Persons with marijuana use disorder should seek evidence-based treatment by a health care provider.
  - There is no safe tobacco product, and the use of any tobacco products, including e-cigarettes, carries a risk.
  - CDC will continue to update guidance, as appropriate, as new data emerges from this complex outbreak.

## Key Facts about E-Cigarette Use, or Vaping

- Electronic cigarettes – or e-cigarettes — are also called vapes, e-hookahs, vape pens, tank systems, mods, and electronic nicotine delivery systems (ENDS).
- Using an e-cigarette product is commonly called vaping.
- E-cigarettes work by heating a liquid to produce an aerosol that users inhale into their lungs.
- The liquid can contain: nicotine, tetrahydrocannabinol (THC) and cannabinoid (CBD) oils, and other substances and additives. THC is the psychoactive mind-altering compound of marijuana that produces the “high”.

## Latest Outbreak Information

(Updated on website every Thursday)

- As of October 8, 2019, 1,299\* lung injury cases associated with e-cigarette use, or vaping, have been reported to CDC from the District of Columbia, 1 U.S. territory (USVI) and all 49 states except Alaska.
- Twenty-six deaths have been confirmed in 21 states: Alabama, California (3), Connecticut, Delaware, Florida, Georgia (2), Illinois, Indiana, Kansas (2), Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, Oregon (2), Pennsylvania, Texas, and Virginia. More deaths are under investigation.
- The median age of deceased patients was 49 years and ranged from 17 to 75 years.
- Among 1,043 patients with data on age and sex:
  - 70% of patients are male.
  - The median age of patients is 24 years and ages range from 13 to 75 years.
  - 80% of patients are under 35 years old.
  - By age group category:
    - 15% of patients are under 18 years old;
    - 21% of patients are 18 to 20 years old;
    - 18% of patients are 21 to 24 years old;
    - 26% of patients are 25 to 34 years old; and
    - 20% of patients are 35 years or older.
- To date, national and state data suggest that products containing THC, particularly those obtained off the street or from other informal sources (e.g., friends, family members, or illicit dealers), are linked to most of the cases and play a major role in the outbreak.
- All patients have a reported history of e-cigarette product use, or vaping, and no consistent evidence of an infectious cause has been discovered. Therefore, the suspected cause is exposure to a chemical or chemicals.
- The specific chemical exposure(s) causing lung injuries associated with e-cigarette use, or vaping, remains unknown at this time.
- Among 573 patients with information on substances used in e-cigarette, or vaping, products in the 3 months prior to symptom onset\*\*:
  - About 76% reported using THC-containing products; 32% reported exclusive use of THC-containing products.
  - About 58% reported using nicotine-containing products; 13% reported exclusive use of nicotine-containing products.
- This complex investigation spans almost all states, involves over a thousand patients, and involves a wide variety of brands and substances and e-cigarette, or vaping, products. Case counts continue to increase and new cases are being reported, which makes it more difficult to determine the cause or causes of this outbreak.

## What CDC is Doing

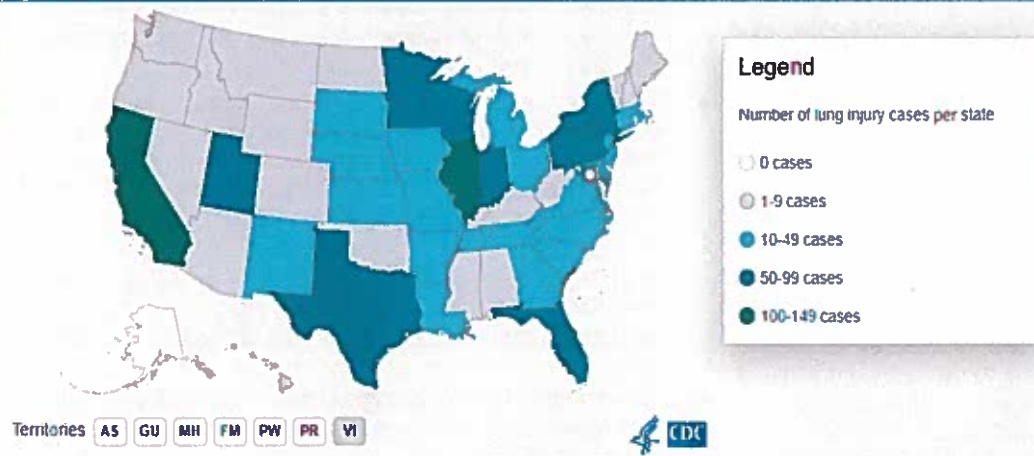
- CDC is working 24/7 to identify the cause or causes of this outbreak through partnerships with states and other federal agencies.
- CDC has activated the Emergency Operations Center (EOC) to coordinate activities and provide assistance to states, public health partners and clinicians around

the nation.

- CDC's Lung Injury response efforts are committed to:
  - Identify and define the risk factors and the source for lung disease associated with e-cigarette product use, or vaping.
  - Detect and track confirmed and probable cases in the US.
  - Communicate actionable recommendations to state, local, and clinical audiences.
  - Establish lab procedures that can assist with the public health investigation and patient care.
- CDC continues to work closely with FDA, states, public health partners, and clinicians on this investigation by providing consultation and technical assistance to states on communication, health alerts, public outreach, and surveillance.
- CDC is maintaining an outbreak webpage with key messages and weekly updates on case counts, deaths, and resources.

- CDC is holding congressional briefings, media telebriefings, and regular calls with health departments, clinicians to provide timely updates.
- CDC worked with states to create primary and out-of-hospital case definitions to classify confirmed and probable cases in a consistent way. States are in the process of classifying patients. We expect that states and clinicians may look back for past lung injury cases based on CDC's case definition CDC will report numbers of confirmed and probable lung injury cases once states have finalized their classification of cases.
- By invitation, CDC has deployed Epidemic Intelligence Service (EIS) officers and other CDC staff to support states.
- CDC has started collecting and testing clinical lab specimens to learn more about this lung injury.
- CDC developed guidance documents for were created to assist public health laboratories, healthcare providers, and pathologists, and others, with specimen collection, storage, and submission.

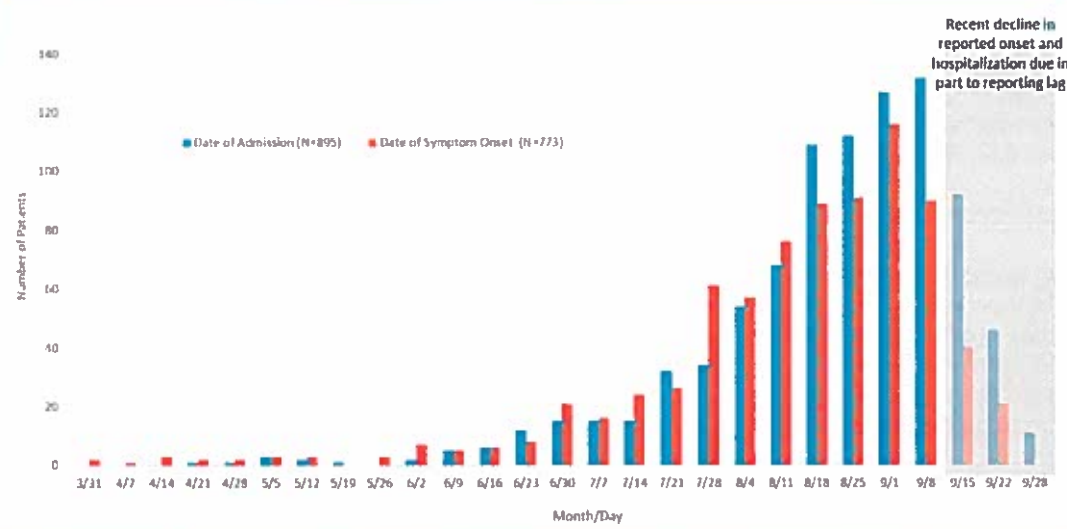
Number of Lung Injury Cases reported to CDC as of October 8, 2019



For more information and resources visit For the Public, For Healthcare Providers and For State and Local Health Departments as well as our Publications and Resources page.

Data Table

Dates of symptom onset and hospital admission for patients with lung injury associated with e-cigarette use, or vaping — United States, March 31–October 5, 2019



\* The increase in lung injury cases from last week represents both new patients and recent reporting of previously-identified patients to CDC.  
 \*\* Based on complete reports received.

# Community Self Help Meetings

\*\*Updated September 10, 2019

Monday	Time	Location
Recovery	6:00 - 7:00 PM	HEW *Small Conf. Room
Suicide Prevention Workshop	5:30 - 7:00 PM	HEW *Lg. Conf. Room
Tuesday	Time	Location
Wellbriety	<b>CANCELLED</b>	<b>Will resume Oct. 22</b>
Women's Support Group	5:30 - 6:30 PM	Human Services
Wednesday	Time	Location
Talking Circle	9:00 - 11:00 AM	Old Clinic
Parenting	12:00 - 1:30 PM	HEW
AA	2:00 - 4:00 PM	Old Clinic
Thursday	Time	Location
Wellbriety	<b>CANCELLED</b>	<b>Will resume Oct. 22</b>
Women's Support Group	5:30 - 6:30 PM	Human Services
Friday	Time	Location
Youth Council	1:00 - 5:00 PM	HEW *Lg. Conf. Room
AA	1:00 - 2:00 PM	Old Clinic



**EW4H Hualapai  
FITNESS CENTER  
WEIGHTLIFTING  
OPEN-COMPETITION**



**PEACH SPRINGS  
Athletics**

**Benchpress, Deadlifts, Curling**



**WEIGHT CLASSES**

Men: 56kg,62kg,77kg,85kg,94kg,105kg  
Women: 48kg,53kg,58kg,63kg,69kg,75kg,

**COMPETITION HOURS: 5:30 AM – 1:30 PM**

**FRIDAY- OCTOBER 18, 2019**

**EVENT WILL TAKE PLACE @ FITNESS CENTER (EW4H)**

**930 RODEO WAY (BEHIND TRIBAL GYM)**

**PEACH SPRINGS, AZ**

**SEE DAMEN ROMO or call 928-769-2644**

**FOR MORE INFORMATION**



**20 Men & 20 Women slots available**

Lunch & Learn • Tuesday, October 22<sup>nd</sup>  
Submitted by: Trena Bizardi | Hualapai Health, Education & Wellness

**COME JOIN US!!**  
**OCT 15: WHEN WEIGHT LOSS STALLS**  
**OCT 22: TAKE A FITNESS BREAK**  
**OCT 29- STAY ACTIVE AWAY FROM HOME**  
**NOV 5- MORE ABOUT T2**  
**NOV 12- MORE ABOUT CARBS**

**EW4H**  
**769-1630**

# LUNCH & LEARN

**HEW Large Conf.**  
**Every Tuesday at 12pm**

EW4H Presents: **Zombie 5K Run & 1 Mile Walk/Run** • Friday, October 25<sup>th</sup>  
Submitted by: Trena Bizardi | Hualapai Health, Education & Wellness

Employees Working for Health presents...

## ZOMBIE

**\*5K RUN** (competitive—must fill out registration)

**\*1 MILE WALK/RUN**  
(sign in on-site)

**FRIDAY OCTOBER 25<sup>TH</sup> AT 8AM**

**STARTS & ENDS AT 66 PARK ACROSS LODGE PEACH SPRINGS, AZ**

**Costume contest\* Prizes\* Refreshments**

**TO REGISTER & MORE INFO CONTACT EW4H @769-2644**

**OR EMAIL US at [hualapaiew4h@gmail.com](mailto:hualapaiew4h@gmail.com)**

Hualapai Employees Working for Health presents



**ZOMBIE 5K RUN**  
**OCT. 25, 2019**  
**Starts & Ends at 66 park**  
**Peach Springs, AZ**



**REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**SEX:** Male or Female

**PHONE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SHIRT SIZE (Adult sizes):**    S    M    L    XL    XXL    XXXL

*Waiver: I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by myself. I am able to physically and medically able to enter this activity. Having read this waiver and knowing these facts, and in consideration of your accepting my entry form, myself: I, waive and release Hualapai Employees Working for Health (EW4H) and all sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose. I give permission for EW4H to use photos, video recording, voices, and quotations from this event for promotional purposes and for upcoming activities.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**This REGISTRATION FORM need to be filled out and turned in BY**  
**OCTOBER 21st, 2019 NO EXCEPTIONS**

*You can drop them off at the Hualapai EW4h fitness center; email them to [hualapaiew4h@gmail.com](mailto:hualapaiew4h@gmail.com), or fax them to 928 769-1632*



## HUALAPAI CODE ENFORCEMENT WOULD LIKE SHARE THESE HELPFUL TIPS FOR PET OWNERS AND PARENTS TO ENSURE OUR LIL GOBLINS HAVE A SAFE HALLOWEEN!!!

Over 4.5 million people in the U.S. are bitten by dogs every year. Reasons for the bites can include:

- An instinct to protect the dog's owner or owner's property
- Confusion or fear to unknown visitors, sights, or sounds
- Aggravation from hugging, poking, waving hands in the dog's face, or pulling its fur, tail, or ears injury or sickness



### As a Dog Owner:

- Secure the dog safely behind a closed door or in a crate away from the front door.
  - Close blinds/drapes so the dog doesn't see people coming or going through the window.
  - Give the dog a chew bone or other toy.
  - Watch for trick-or-treaters so they don't have to ring your doorbell or knock if you have a dog that barks at those sounds.
- Keep all pets inside, even if you have a fence.

### As a Trick-or-Treater:

- Avoid trick-or-treating at houses where a dog is tied in the backyard or barking behind a fence.
  - If an owner opens the door and there's a dog, stay where you are. Let the owner know if you feel uncomfortable around the dog and wait for them to move the dog away from the door.
  - If you're in costume, never approach a dog, even if it's one you know. It may not recognize you.
  - The best practice when you come across any threatening dog is to be **STILL**:
    - Stay where you are – don't run, wave your arms, or jump.
    - Take your gaze down to the ground, not making eye contact with the dog.
    - Ignore the dog. Animals can sense our emotions, so pretending the dog isn't in front of you will help it understand you're not a threat.
    - Lie on the ground and curl yourself into a ball if you are knocked to the ground. Cover your face and head with your arms.
- Leave slowly. As soon as the dog loses interest in you, back away from it until it's no longer in sight.

**Remember: Even the nicest dogs can have bad days that cause them to react negatively.**

The best way to prevent dog bites is education.



**In case of an emergency call:  
Hualapai Emergency Services  
Dispatch  
928-769-2205**

# COMMUNITY MESSAGES

To My Mother, Andrea Lee Bahnptewa  
Submitted by: Lance Jackson

Mom,

October 1, 2019

I got the sad news today; that you left this world. I gotta tell you... I still can't believe it. My whole body went into shock, hearing those words, "I gotta tell you something". I've always hated those words. In the back of my mind, I always thought the worse and now that I've heard them today, it breaks my heart, I'm stuck inside a box with no way out. What am I suppose to do? What am I suppose to say? What can I do? Can anyone help me? I might as well be gone too, I feel so lost right now. I wish I called, I wish I could of heard your voice one last time. I wish I could of changed things, I wish I could of just went on the run and made it back home to you. Now, that I've said all this, it's too late. My heart and soul will forever be crying, I love you mom.

Thank You



I want to say thank my fellow Hualapai people for knowing my mother, Andrea Lee Bahnptewa and always welcoming her to our beautiful land and hearts with open arms and hearts. She has been here for over 35 years working ever since I was an infant. She worked for multiple departments, which include: the EMT department, Dental Office (I.H.S.), Social Services Department, the Health Department, the Tribal Office, the Recreation/Fitness Center, the Prosecutors Office, and the Training Center (Education Department). She also played softball in the summer leagues, and putting on fun runs. She participated in the La Paz runs, dancing bird songs at Grand Canyon

West, helping with the Elderly and going back "home" to Hopi to continue her traditional ways to bring the blessings and prays with her, wherever she was. So, thank you all for truly knowing my mother in ways that you only know. It makes me happy to know how she made a big impact on the Hualapai Tribe and people. I love you always mom.

Your son, Lance Buddy Jackson

## Notary Hours

Submitted by: April Siewiyumtewa | Hualapai Tribal Administration



## NOTARY SERVICES

### TRIBAL OFFICE

April Siewiyumtewa—Mon thru Friday  
(except Tuesday and Wednesday)

Artie—Mon thru Friday after 3:30pm

### TRIBAL POLICE

Wanda Quasula—Mon thru Friday  
Call first to check availability

### TRIBAL COURT

There are currently no notaries at the Tribal Court



## Gamyu Newsletter Deadline & Publication Dates

Gamyu articles are due every other **FRIDAY(S)**, the week before tribal pay week by 5:00 p.m. Please remember to attach an Information Sheet with your articles.

### ARTICLE DEADLINE:

Friday, October 25<sup>th</sup>

### NEXT PUBLICATION:

Friday, November 1<sup>st</sup>



# WE LOVE OUR VOLUNTEERS



*"The Peach."*

*Proudly Announces and Congratulates  
September 2019, Volunteer of the Month:  
Dave Ryder, aka "The Lone Ryder"*



*After a brief hiatus, The Lone Ryder, aka "Your Rockin' Rebel" has returned to KWLP to share 50 years of professional radio know how and infinite knowledge of and passion for music of "all kinds" to The Peach; now in not one, but two amazing drive time shows: The Jukebox Drive at 5 on Mondays and The Jukebox Jamboree on Wednesday. He also shares his wonderful wife Samantha with us! She produces his shows and provides the graphic designs for his promotions. They both contribute items from their business as volunteer incentives and for listener give-aways. Both have invested considerable time putting together fabulous holiday specials, which Peach listeners will be able to enjoy for years to come. Ryder has mentored several Volunteer show hosts and staff new to broadcasting. Both are very supporting and always willing to offer a hand or a suggestion. Staff and volunteers alike feel blessed to have him on our crew! He'd love to hear more from listeners about whether they enjoy his shows and what they'd like to hear in future ones! If you like what you hear, please send him a thumbs up on facebook or email him! For being Volunteers of the month, Dave and Samantha will receive incentives valued at well over \$100.00.*

*If you would like to join the Peach volunteers, Call 769-1110 KWLP. Incentives sponsored in part by*



Community Halloween Festival • Friday, October 25<sup>th</sup>  
Submitted by: Pearl Sullivan | Hualapai Head Start



# HALLOWEEN FESTIVAL



FRIDAY  
**OCT  
25<sup>TH</sup>**

SCARECROW CONTEST  
COSTUME CONTEST  
TRUNK OR TREATING  
FACE PAINTING

TIME  
**10 AM  
TO  
2 PM**



LOCATED AT THE PARK ACROSS FROM THE LODGE  
**LUNCH WILL BE SERVED**



# Hualapai Youth Council Halloween Goodie Grams

Send something  
to your boo!

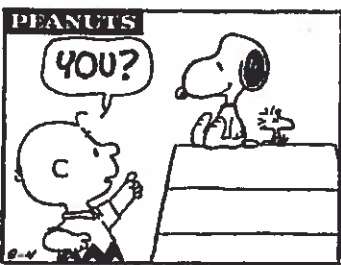
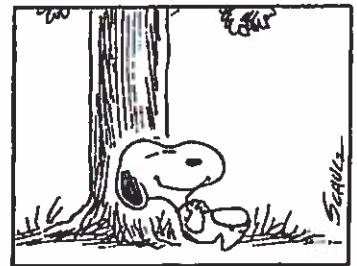
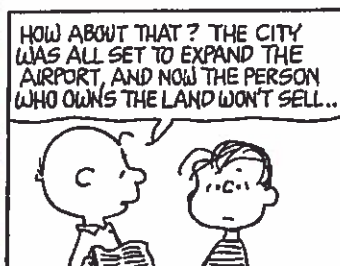
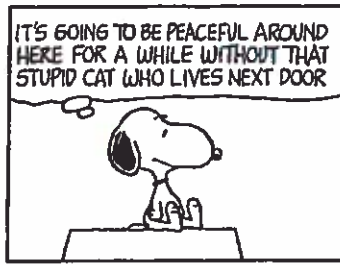
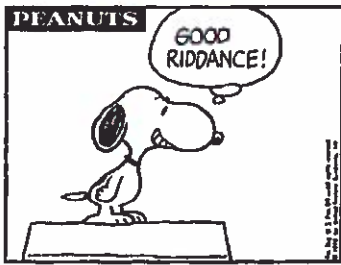
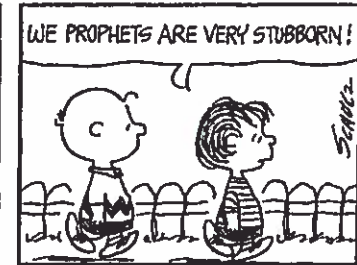
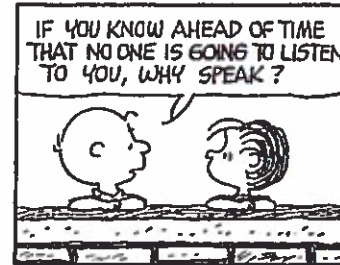
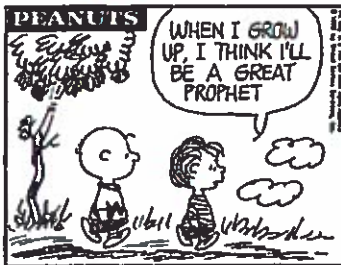
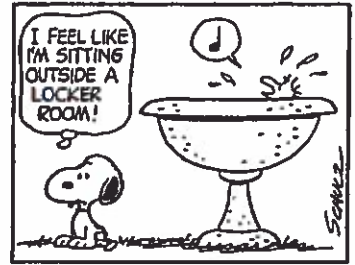
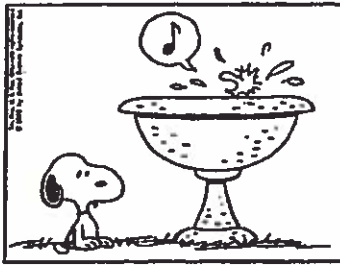
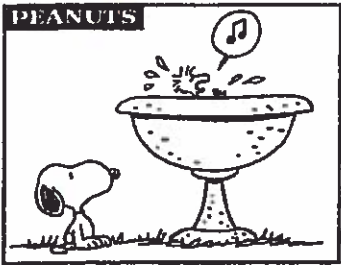
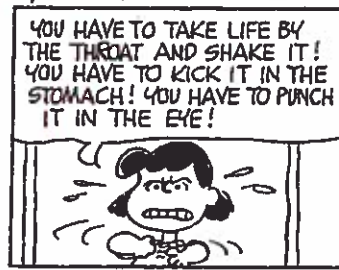
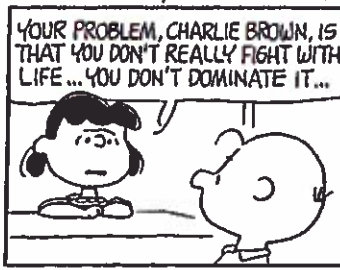
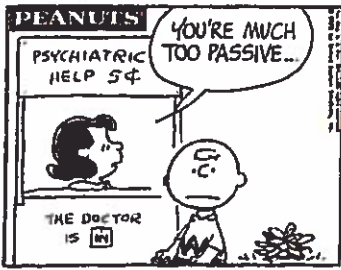
Order from Oct. 7 – Oct. 25 by  
5 pm. Delivery on Oct. 31<sup>st</sup>  
Halloween Day. Contact Youth  
Services 769-2207 ext. 201 to  
place your order.

- Frankenstein Jell-O \$3
- Caramel Apple Bites \$3
- Ghost Popcorn Balls \$3
- Graveyard Dirt \$3
- Pumpkin Oreo Pops \$2
- Mummy Oreo Pops \$2
- Candy Corn Rice Crispys \$3
- Spider Web Sugar Cookie \$2
- Pumpkin Chocolate Chip  
Cookies with/without  
walnuts 6 for \$5

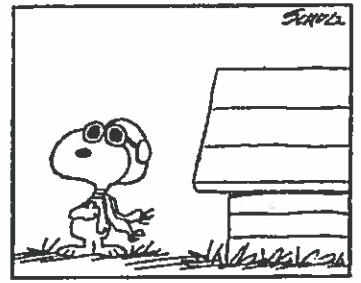
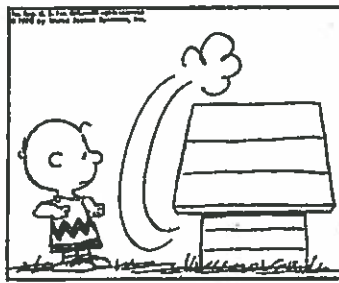
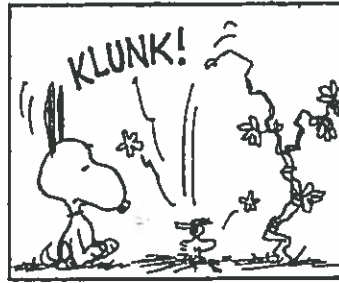
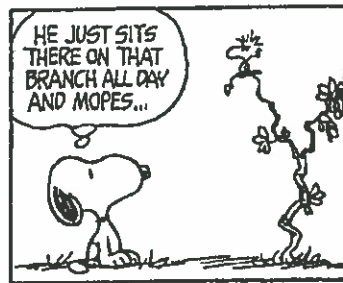
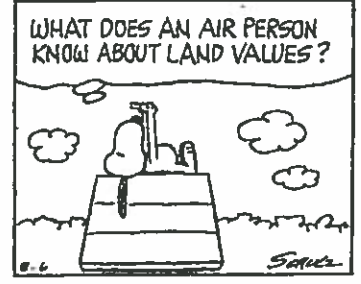
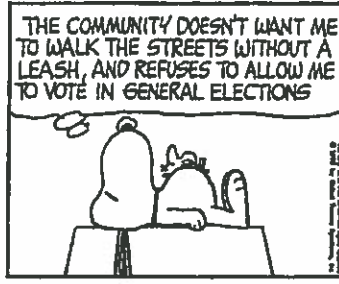


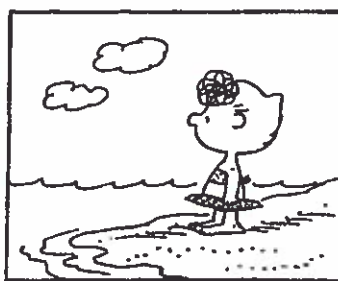
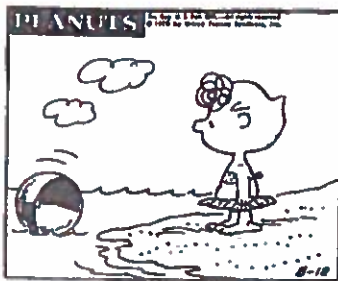
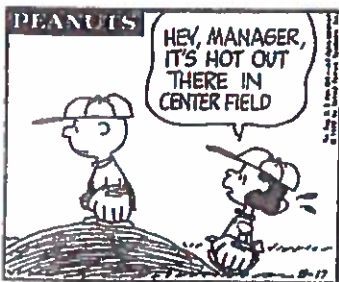
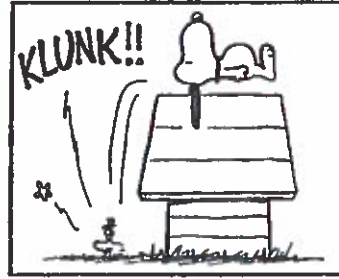
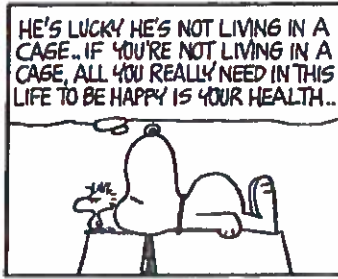
Comes with a  
spooky message!

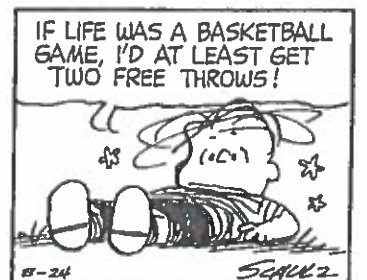
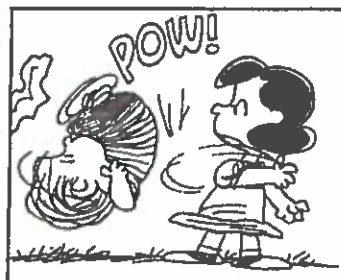
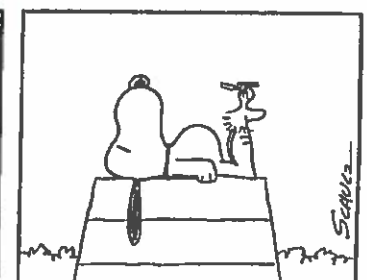
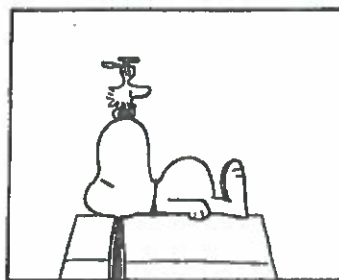
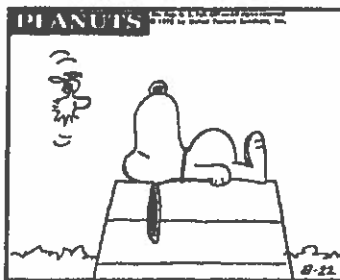
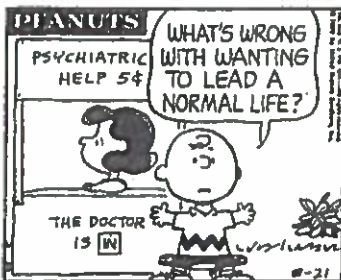
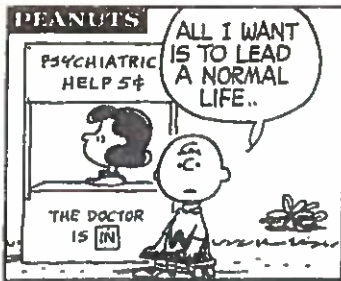
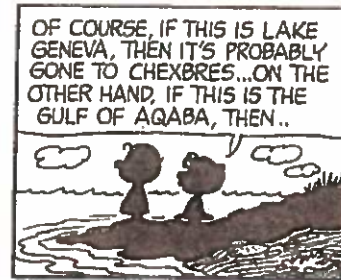
**Daily Strips from the 1970s - Peanuts**  
 Submitted by: Vondell Bender | Hualapai Health, Education & Wellness

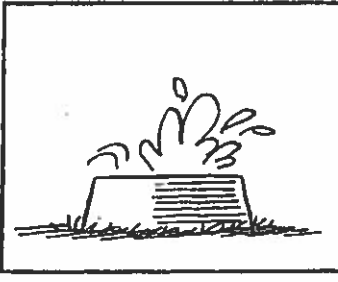
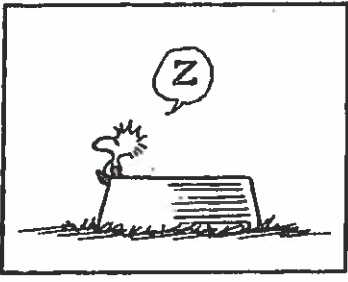
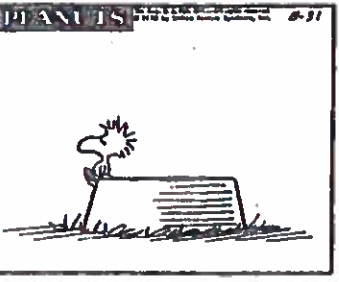
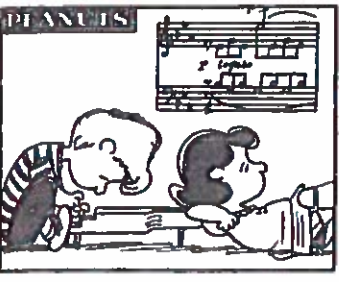
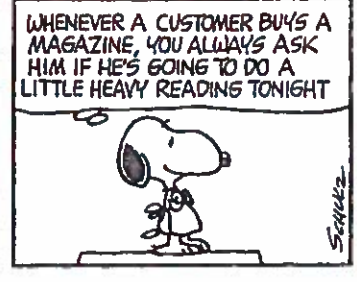
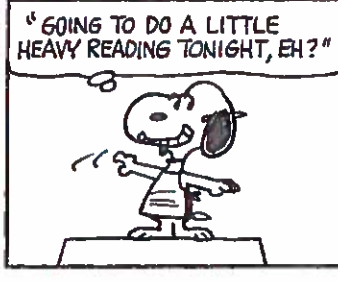
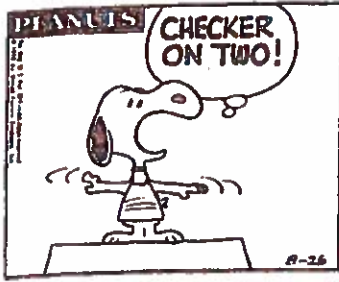


...continued from Gamyu Issue #16









Continued next Gamyu Issue #22