



# AICLS

## Master Apprentice Program

### - APPLICATION -

DATE OF APPLICATION: \_\_\_\_\_

## TEAM INFORMATION

Language: \_\_\_\_\_

Language: \_\_\_\_\_

Master: \_\_\_\_\_

Apprentice: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

## QUESTIONNAIRE

1. Please describe your current involvement with language: \_\_\_\_\_

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

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

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

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

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## MEMORANDUM OF AGREEMENT

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

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

Please initial: Master Speaker: \_\_\_\_\_ Apprentice: \_\_\_\_\_

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

Please initial: Master Speaker: \_\_\_\_\_ Apprentice: \_\_\_\_\_

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

Please initial: Master Speaker: \_\_\_\_\_ Apprentice: \_\_\_\_\_

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

Please initial: Master Speaker: \_\_\_\_\_ Apprentice: \_\_\_\_\_

# LETTERS OF RECOMMENDATION

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

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

Reference 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Return the completed application to:  
Advocates for Indigenous California Language Survival (AICLS)  
P.O. Box 26357, Fresno, CA 93729  
E-mail to: Carly Tex at [carly@aicls.org](mailto:carly@aicls.org)