



Kanatsiohareke Mohawk Community

Mailing Address: PO Box 714, Fonda NY, 12068

Phone: 518-673-4197 Fax: 518-673-3783

E-mail: Kanatsiohareke@gmail.com

MOHAWK SUMMER LANGUAGE CAMP July 8 – 26, 2019

REGISTRATION FORM

Please complete form and mail, with \$100 deposit to:

Mohawk Language Camp, P.O. Box 714, Fonda, NY, 20168

Name: _____

Address: _____

Email: _____ **Telephone:** _____

1-week Session(s) you are registering in?

- ☐ Session 1: Introduction to Mohawk Language July 8-12
- ☐ Session 2: Basic Mohawk July 15-19
- ☐ Session 3: Conversational Mohawk July 22-26

Reasons/Interest in attending: _____

Re: Haudenosaunee Scholarship, if applying please complete the following information:

Haudenosaunee Nation Affiliation: _____

Clan: *(if applicable)* _____

(Note: For scholarships available. First-time Scholarship Applicants must provide a letter of recommendation from a non-family member or organization from your community.)

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Office Use Only:

Deposit: \$ _____ Date: _____ Check ☐ Cash ☐ Money Order ☐

Balance Received: \$ _____ Received By: _____