

Miss He Sapa Win

2025 Black Hills Pow Wow Miss He Sapa Win Application

English Name: _____ Phone: _____

Native Name: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____

Tribal Affiliation(s): _____

Parents: _____

Grandparents: _____

Attachments:

* Please provide two (2) letters of recommendation from non-family members.

* Please provide proof of school enrollment (i.e. transcript, letter from school)

I hereby sign to compete in the Miss He Sapa Win Pageant for the Black Hills Powwow. I have read and agree to the qualifications, responsibilities, and procedures of the rules and regulations as an applicant. I agree to discontinue competing for Miss He Sapa Win, if I do not comply with the rules and regulations or fail to comply with my obligations throughout my reign as an ambassador.

Signature of Applicant: _____ Date: _____

Please mail or email application to:

Miss He Sapa Win
Attn: Danielle Ta'Sheena Finn
PO BOX 8131
RAPID CITY, SD 57709

Email: danielletasheenafinn@gmail.com

Application must be received by: September 20, 2024