

# Otsistakta Culture & Language Program

*Program is located within the Norbert Hill Center*  
N7125 Seminary Rd, Oneida, WI. 54155 920-869-4445

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## Program Overview

Otsistakta is a family-centered program designed to strengthen connections to the Oneida Culture & Language. The program provides families with tools, resources, and opportunities to build language use in the home while deepening cultural knowledge and practices. At the heart of Otsistakta is a seasonal curriculum that follows the natural flow of the year. Families will engage in learning that is grounded in traditional ceremonies, stories, and activities unique to each season. This approach reflects the cycles of Oneida life, encouraging participants to live the language in ways that are meaningful and practical.

- A. Create a safe, educational space and environment where our language is spoken and heard.
- B. Connecting Oneida community members to language and culture by bridging a pathway to encourage speakership in their homes.
- C. A safe learning space for parents, guardians and caregivers of children.
- D. Increase speakership for new learners.
- E. To bring language into the homes through parents and caregivers interacting with children.
- F. Give parents and caregivers the confidence to use the language.

Acceptance into this program is based on a first come first serve basis. If all spaces filled, families will be put on waitlist for next session.

All applicants will be subject to a background check.

**APPLICATION MUST BE COMPLETE AND SUBMITTED IN ORDER TO BE CONSIDERED FOR ENROLLMENT BY OCTOBER 1, 2025. FORMS SUBMITTED AFTER THE DEADLINE WILL NOT BE ACCEPTED.** You can email the completed forms to Jpowles3@oneidanation.org or if you would like to drop off the forms in person. Complete applications will be reviewed, and acceptance emails will go out during the week of October 6<sup>th</sup> by the program.

# Otsistakta Culture & Language Program

## Application Parent Information

Parent #1:

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	

Are you enrolled Oneida Nation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you a descendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you enrolled in a different tribe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what tribe? _____

Parent #2

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	

Are you enrolled Oneida Nation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you a descendant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you enrolled in a different tribe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what tribe? _____

## Family Members

Please list all members in the household

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

Full name:	_____	Relationship:	_____
Birthdate:	_____	Phone:	_____
Address:	_____		

## **Previous Experience**

What is your current proficiency level in Oneida culture and language? Beginner, intermediate, advanced?

In a brief statement, state your previous knowledge of culture and language

**Personal Statement**

In a brief statement, state your and your families' goals towards culture and language

If your family is accepted into the Culture & Language Program, are you willing to sign a Letter of Commitment on behalf of your family committing to the program for 8 full weeks? (circle one)

**YES or NO**

## Application Acknowledgment Signature

### PLEASE READ BEFORE SIGNING

I certify that all the above information is true and correct. I understand that all information in this application will be held in strict confidence within the program. I also understand that all information given will be included to determine acceptance into the program. I will submit additional information if needed. Providing false information will result in nonacceptance.

Parent  
Signature:

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Date:

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Parent  
Signature:

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Date:

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