K-12 Education Assistance Goal and Purpose: To assist with costs related to school clothes/supplies, extracurricular, recreational and educational activities for tribal member youth.

Eligibility for K-12 Education Assistance Program:

1. Must Be an Enrolled Tribal Member
2. Assistance payment shall not exceed $800.00 per calendar year (School clothes/supplies shall not exceed $400) (Jan –Dec).
3. Student must have a 2.0 GPA or higher (excludes school clothes/supplies or graduation expenses)

Documentation:

Report Card -(excludes school clothes/supplies or graduation expenses)

Backup Documentation -Informational fliers, copy of registration/application form for upcoming event, Receipts, etc.

School Clothes/supplies – $400 yearly that can be spent on clothes and/or supplies, You must turn in your receipts to the tribe or you will be subject to our tribal repayment policy.

Vendor Form (attached) – Must be completed with Name, Address and amount owed to each vendor. If the check is being made out to a parent, please put your information.

If the documentation is not attached, we will not be able to process your assistance.
K-12 Education Assistance Program

Name of Student: ___________________  DOB: _______________  Enroll#: ___________________

Name of Parent/Guardian: ___________________  Phone#: ___________________

Address: _______________________________  City: __________  State: ______  Zip: __________

Name of School: _________________________  Grade in School: _________________________

Address of School: ______________________  School Phone #: _________________________

PLEASE DESCRIBE YOUR REQUEST:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

SIGNATURE OF APPLICANT: ___________________________________  DATE: __________
Please state vendor information below:

Vendor Name: ________________________________
Vendor Address: ______________________________
Vendor City, State & Zip: _______________________
Amount Due: _________________________________

Vendor Name: ________________________________
Vendor Address: ______________________________
Vendor City, State & Zip: _______________________
Amount Due: _________________________________

Vendor Name: ________________________________
Vendor Address: ______________________________
Vendor City, State & Zip: _______________________
Amount Due: _________________________________

For office use only:  Approved________  Denied________
Program Manager: __________________________________ Date: ________________________
Tribal Administrator: ____________________________ Date: ________________________