



## **K-12 EDUCATION ASSISTANCE PROGRAM**

**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.



**ENTERPRISE RANCHERIA**  
2133 Monte Vista Ave.  
Oroville, CA 95966  
Phone: (530) 532-9214 Fax: (530) 532-1768

**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:**

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**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: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

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For office use only: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Administrator: \_\_\_\_\_ Date: \_\_\_\_\_