



# Poarch Creek Indians Student Support Services Program August 1, 2016- June 1, 2017

## Student Information

Student's Full Name:

Please indicate child's Tribal Affiliation:  Tribal Member Roll #: \_\_\_\_\_  First Generation

Name of school attending:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## Guardian Information

**Tribal Member** Parent Name: \_\_\_\_\_ Tribal Member Parent Roll #: \_\_\_\_\_

**Primary** Custodial Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Extracurricular Activity Information

Please list the name of the activity and its expenses below. **Original receipts are required and must be dated between January 1, 2016 and June 1, 2017.** Please label each receipt with the child's full name. Failure to provide supporting documents such as receipts and additional information will result in delay of reimbursement. Tribal Member children and First Generation children can be reimbursed up to \$700.00 each school year. School- Based and Tribal-Based activities are approved. Community and Private activities need prior approval. Reimbursement will be mailed to the address on the application. It is recommended to save a copy of each receipt for your record. **The Education Department reserve the right to refuse reimbursement for any purchase deemed inappropriate for this program. If in doubt, please call the Education Department prior to making the purchase.**

Name of Activity:

Total cost to participate in activity:

Is the activity?  School-Based  Tribal-Based  Community or Private Based (Call to get prior approval)

The following must be submitted with each application:

- Completed Application (Each activity will require a new application to be submitted)
- Original Receipts for expenses paid (Fees, Uniform, and Equipment are acceptable items). Include child's name on each receipt submitted.
- If applicable and Indian Descent Letter is not on file a letter must be submitted  
(This letter can be obtained by contacting the Tribal Enrollment Office at (251) 368-9136 ext. 2281)

I certify that I am the primary legal guardian of the child listed on this application and all information above is true. If any other information comes forward that proves I am not the primary legal guardian of the child I understand that charges may be brought against me and I will have to repay any monetary amount that I received to the Tribe. I understand that this program is a benefit to me and my child and I will not misuse this program.

\_\_\_\_\_  
Signature of Primary Legal Guardian of child listed on application

\_\_\_\_\_  
Date