## Delaware Nation Laptop Application

# Broadband Available Laptop Application

- PURPOSE: After the initial Broadband Laptop application was released and all Delaware Nation Households were given ample time to request a laptop kit, our program still has laptop kits remaining. If you have not previously been approved for or received a laptop kit as described below, this is your opportunity to apply for one.
- Delaware Nation's Broadband Grant provides each Delaware Nation household one of
  each device listed below for the purpose of enabling minor citizens ages 10-17 years old
  and adult citizens ages 18 years and older (including Elders) to utilize them for
  educational and/or employment purposes:
  - o Lenovo ThinkBook 15 G3 AMD Ryzen 5 5500U, 8GB, 256GB SSD 15.6"
  - o Cyber Acoustics USB Stereo Headset
  - Microsoft Office Home and Business 2021

#### • APPLICATION:

- o If there are two eligible citizens living at the same address, you must fill-out, sign and return the attached **self-certification form.**
- o If you are applying for an enrolled Delaware Nation minor ages 10-17 years, you must fill-out and sign the minor certification form.
- Please be sure to include a valid email address on application.
- o <u>If you have already received a laptop kit from this grant-funded program, you are not eligible to apply a second time.</u>
- EXTENDED APPLICATION START DATE AND END DATE: June 12, 2023 August 31, 2023 unless supplies are exhausted prior to the end date. Application must be submitted by 5:00 p.m. central standard time on or before August 31, 2023. All minor applicants must have an

#### • APPLICATION SUBMISSION:

Email: broadband@delawarenation-nsn.gov

Postal mail: Delaware Nation, Grant Manager, PO Box 825, Anadarko, OK 73005

#### **ELIGIBILITY REQUIREMENTS:**

- 1. Citizenship Applicant applying for household must be an enrolled Delaware Nation citizen
- Applicant Age: 10 years and olderApplicant Residency: Nation-wide

#### ✓ REOUIRED DOCUMENTS:

- ✓ Completed application
- ✓ Copy of the applicant's Delaware Nation enrollment card
- ✓ Signed self-certification form for those with multiple households at one address or those requesting on behalf of an eligible Delaware Nation minor ages 10 17 years

If you have questions about this application or program, please contact the Grant Manager, Ivy Smith by email (<u>ismith@delawarenation-nsn.gov</u>) or phone (405-247-2448, Ext. 1321)

APPLICA	ATION: Please prin	t all information requested t	below.		
Citizen Ro	oll #:	Birthdate:	Month _	Day,	Year
First Nam	e:	Last Name:		Age :	
Physical A	Address:				
City, State	e & Zip:				
Mailing A	ddress (if different):				
City, State	e & Zip:				
Contact Pl	hone Number:				
Email Add	dress:				
Laptop D	elivery Preferences	(Please mark one):			
-		op in person at the Delaware shipped to my <b>mailing add</b>		-	
Laptop Se	etup Preferences ( )	Please mark one):			
		and prefer to set up the lap oftware be setup by Delawa		ware myself.	
tied to	Delaware Nation's	are Nation IT sets up your Microsoft account. In the r the download of that offic	e event of a		
CERTII	FICATION:				
2. I w  3. I v  (w/4. I w  the	Educational Courwill complete a quantum of the complete a quantum of the device of the devices are no lo	devices for (please check ses  Employment arterly online survey on nonessing the est for at least two years, on nger needed or wanted.	the Delawa usage of th	<b>ire Nation w</b> ese devices	
Signatu	re of applicant/D	Pate:			
X					

## **For Office Use Only** Date and Time Application was received: Roll #: \_\_\_\_\_ A completed application and copy of Delaware Nation enrollment card were received: Yes No If No, document communication with applicant: Date Equipment was shipped: Carrier: Tracking #: \_\_\_\_\_\_ Laptop Serial #: Microsoft License #:

### SELF-CERTIFICATION OF SEPARATE HOUSEHOLD

Please use this form if you share the same mailing address as another eligible Delaware Nation Enrolled citizen – Applications must reflect the same mailing address as what is currently on file with Delaware Nation Enrollment.

Citizen Roll #:
Printed Legal First and Last Name:
Mailing Address (if different):
City, State & Zip:
Contact Phone Number:
Email Address:
I,, hereby affirm that I am a separate
financial household from any and all other adult Delaware Nation enrolled tribal citizens that
reside at the same physical address and/or mailing address listed on this application. I also affirm
that I am not claimed as a dependent in another household for any other programs or
applications.
Legal Name Signature:
Date:

### **SELF-CERTIFICATION FOR MINOR CHILD**

Please use this form if you are applying on behalf of a Delaware Nation Minor child ages 10-17 years. Applications must reflect the same mailing address as what is currently on file with Delaware Nation Enrollment for the minor child.

Minor Citizen Roll #:
Printed Legal First and Last Name of Minor Child:
Printed Legal First and Last Name of parent or guardian applying on behalf of minor:
Mailing Address:
City, State & Zip:
Contact Phone Number:
Email Address:
I,, hereby affirm that I am a custodial
parent or guardian for the Delaware Nation child listed above. I also affirm that the laptop kit is
for the use by the indicated minor child and that this child resides in my household.
Legal Name Signature:
Date: