

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Back-To-School Clothing/Supplies

The Delaware Nation ARPA General Welfare fund provides a one-time per fiscal year assistance in the amount of **\$250** to school aged children ages 4-17 years (grades: Pre K-12th) with the purchase of back-to-school clothing and school supplies. This funding is available on a first come first serve basis and eligible to Delaware Nation youth Nationwide.

REQUIREMENTS

- Student must be an enrolled Delaware Nation citizen
- Ages 4-17 years (grade: Pre K-12th)

Legal guardian/custodial parent Information **Legal documentation must be on file in Tribal Enrollment office.**

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Contact Phone:

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Enrolled Children Information

USE ONLY ONE APPLICATION PER ADDRESS

Full Legal Name	Age	Grade	Roll #	School Attending

Please allow 10-14 days for check to be mailed after application submission.

Parents will be responsible for submitting receipts for each child who receives this funding. Failure to submit receipts will disqualify child from receiving any future school clothing/supplies program funding.

Delaware Nation will only communicate any matter involving a minor tribal citizen with the legal/custodial parent/guardian.

By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

Signature (Parent/Legal Guardian)

Date

Please submit application by mail, fax or email to ssapplications@delawarenation-nsn.gov

OFFICE USE ONLY

Approved ☐ Denied ☐

Total Amount Approved \$

Social Services

Date