



Delaware Nation Laptop Application

Broadband Laptop Application

- **PURPOSE:** 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:
 - Lenovo ThinkBook 15 G3 AMD Ryzen 5 5500U, 8GB, 256GB SSD 15.6”
 - Cyber Acoustics USB Stereo Headset
 - Microsoft Office Home and Business 2021
- **APPLICATION:**
 - If there are two eligible citizens living at the same address, you must fill-out, sign and return the attached **self-certification form**.
 - **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.**
 - **If you have already received a laptop kit from this grant-funded program, you are not eligible to apply a second time.**
- **EXTENDED APPLICATION START DATE AND END DATE:** February 14, 2024 until supplies are exhausted.
- **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
2. Applicant Age: 10 years and older
3. Applicant Residency: Nation-wide

✓ REQUIRED 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 (ismith@delawarenation-nsn.gov) or phone (405-247-2448, Ext. 1321)

APPLICATION: Please print all information requested below.

Citizen Roll #: _____ Birthdate: ____Month ____Day, _____Year

First Name: _____ Last Name: _____ Age : _____

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different): _____

City, State & Zip: _____

Contact Phone Number: _____

Email Address: _____

Laptop Delivery Preferences (Please mark one):

- I prefer to pick-up my laptop in person at the Delaware Nation Tribal Complex in Anadarko.
- I prefer for the laptop to be shipped to my **mailing address** indicated on this application.

Laptop Setup :

A hard-copy step-by-step set-up guide will be shipped with your laptop. This guide will help you to set-up your laptop and install the assigned Microsoft Office software.

CERTIFICATION:

- 1. I am a Delaware Nation enrolled tribal citizen.***
- 2. I will be using these devices for (please check all that apply):***
 Educational Courses Employment
- 3. I will complete a quarterly online survey on the Delaware Nation website (www.delawarenation-nsn.gov) regarding the usage of these devices***
- 4. I will keep the devices for at least two years, or return them to Delaware Nation if the devices are no longer needed or wanted.***

Signature of applicant/Date:

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: _____