

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 General Welfare fund provides a **one-time** per fiscal year assistance in the amount of **\$500 for school clothing and \$100 for school supplies**, to school aged children grades: Pre K-12th. This funding is available to enrolled Delaware Nation youth Nationwide from July 1 to June 30 or until funds are exhausted.

REQUIREMENTS

- Student must be an enrolled Delaware Nation citizen
- Grades Pre K-12th, proof of school enrollment required

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

Full Name:

Enrollment Roll# (If applicable):

Last First M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Contact Phone:

(_____) _____

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 the law that all information submitted in and with this form is true and accurate. I certify that the student(s) named in this application are enrolled in a public, private, or homeschooling education program. 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 understand and accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application, specifically to support educational needs associated with public, private or homeschooling programs.

Signature (Parent/Legal Guardian)

Date

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

OFFICE USE ONLY

Approved Denied

Total Amount Approved \$ _____

Social Services

Date