

## SCHOOL CLOTHING & EXTRACURRICULAR ACTIVITIES REIMBURSEMENT PROGRAM PO Box 189, Miami, OK 74355 + (918) 542-2441 + schoolclothing@shawnee-tribe.com

STUDENT INFORMATION								
Name:								
Fii	rst		Last		MI			
Citizenship #: 911U		Birthdate: _	MM/DD/YYYY	Age:				
School/Program Name:								
	PAREN' Reimbursements w	T/GUARDIAN						
	Kelilibui Sellielits W	ili be illade payabi	e to the marriage	ii listea below.				
Name:	rst		Last		MI			
		_						
Relationship to Student	: Parent	Guardian	Other					
Applying for:	lothing Reimbursen	nent	Extracurricul	ar Activities Reir	nbursement			
	Direct Purchase Assistance Assistance Purchase note: The Direct Purcha		tilized for the purchas	e of extracurricular item	s.			
Phone:		Email:						
Address:								
Address:PO Box/Street	i	City		State	ZIP			
	CONF	IRMATION &	ACCEPTANC	Œ				
I understand that this					l that anything I submit			
	1 will be processed the		-	-	, ,			
I attest that the inform	nation provided above	is correct.						
I understand that only	complete applications	s including all red	quired document	ts will receive consi	ideration.			
I understand that this	benefit is awarded on	a "first come, fir	st served" basis	as funding allows.				
I understand that if m	y application is denied	l, I can reapply fo	or this benefit be	fore the stated dea	ıdline.			
I understand that part	ticipation in this progr	am constitutes co	onsent for intern	al and external rev	riews,			
audits, and inves and federal statu		s, vendors, and a	ıll other intereste	ed parties in accord	dance with tribal, state,			
I understand that know	wingly providing false	information or f	raudulent applic	cations may result	in criminal prosecution			
and/or ineligibili	ty for tribal programs	and services.						
Parent/Guardian Signatu	ıre			Date				

SHAWNEE TRIBE SCECARP rev. 04.02.24

## SCHOOL ENROLLMENT VERIFICATION TO BE COMPLETED BY A SCHOOL OFFICIAL

**INSTRUCTIONS FOR SCHOOL OFFICIAL**: Please complete the following fields and affix your school's official stamp/seal to this form.

Student Name:		Last		MI	
School/Program Name:					
Address:PO Box/Street		City	State	ZIP	
Phone: En		ail:			
Grade/Classification of St	udent:		School Year:		
Enrollment Status:	In Attendance	Pre-Enrolled			
I understand that my signatu listed school/program as of the School Official Name & Title	his date.	/seai affirm the ab	ove-namea staaent is e	nronea or pre-enronea	in the
School Official Signature		Date			
AFFIX STAMP/SEAL HERE					

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