



SCHOOL CLOTHING & EXTRACURRICULAR ACTIVITIES REIMBURSEMENT PROGRAM

PO Box 189, Miami, OK 74355 + (918) 542-2441 + schoolclothing@shawnee-tribe.com

STUDENT INFORMATION

Name: _____
First Last MI

Citizenship #: 911U Birthdate: _____ Age: _____
MM/DD/YYYY

School/Program Name: _____

PARENT/GUARDIAN INFORMATION

Reimbursements will be made payable to the individual listed below.

Name: _____
First Last MI

Relationship to Student: Parent Guardian Other _____

Applying for: Clothing Reimbursement Extracurricular Activities Reimbursement

Direct Purchase Assistance

Please note: The Direct Purchase option cannot be utilized for the purchase of extracurricular items.

Phone: _____ Email: _____

Address: _____
PO Box/Street City State ZIP

CONFIRMATION & ACCEPTANCE

I understand that this program's annual deadline for applications & receipts is September 1 and that anything I submit after September 1 will be processed the following fiscal year, which begins October 1.

I attest that the information provided above is correct.

I understand that only complete applications including all required documents will receive consideration.

I understand that this benefit is awarded on a "first come, first served" basis as funding allows.

I understand that if my application is denied, I can reapply for this benefit before the stated deadline.

I understand that participation in this program constitutes consent for internal and external reviews, audits, and investigations for applicants, vendors, and all other interested parties in accordance with tribal, state, and federal statutes.

I understand that knowingly providing false information or fraudulent applications may result in criminal prosecution and/or ineligibility for tribal programs and services.

Parent/Guardian Signature

Date

