



# SCHOOL CLOTHING & EXTRACURRICULAR ACTIVITIES REIMBURSEMENT PROGRAM

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

## PROGRAM OVERVIEW — REVIEW THIS PAGE CAREFULLY

The School Clothing & Extracurricular Activities Reimbursement Program (SCECARP) helps Shawnee Tribe citizens with expenses for school clothing, shoes, and required extracurricular items. Each child is eligible for up to \$800 for school clothing assistance and up to \$400 for extracurricular activities assistance per fiscal year.

## REQUIRED DOCUMENTS:

Complete Application Form  
Shawnee Tribe Enrollment Card  
School Enrollment Verification  
Extra Curricular Verification (if applicable)  
Original Receipts Demonstrating Qualifying Purchases  
Proof of Custody/Guardianship (if applicable)

## GUIDELINES

- Only **one application per child** is required each program year (Oct. 1 - Sept. 1) and allows for up to 6 school clothing receipt submissions and up to 3 extracurricular receipt submissions.
- For in-store purchases, the original receipt **must** be submitted by mail or in person. Copies or photos of receipts cannot be accepted.
- Receipts from online purchases **must** include delivery confirmations to be eligible.
- Home-school enrollment verification requires additional documentation with enrollment form.
- **All receipts must list each item, the price of each item, and the final total and include the purchase date, vendor name/ place of purchase, and the total purchase price.**

## IMPORTANT TO KNOW

- Each program year runs from Oct. 1 - Sept. 1 and only purchases made within the current program year are eligible for reimbursement.
- Processing typically takes 4-6 weeks, but times may vary depending on the number of applications received. **Processing during July through October may take longer** than the standard time frame due to the Sept. 1 deadline.
- Complete applications will be processed in the order they are received.
- Incomplete applications can not be processed until all documents are received.
- Clearly indicate what items are for which child when one receipt has purchases for more than one child.
- Do not highlight original receipts, as highlighters can remove ink on thermal paper. Please, use a pen to mark on receipts.
- Clearly indicate which items/receipts are for school clothing and which are for extracurricular activities when submitting for both programs.
- Handwritten receipts and screenshots are subject to approval.

Submissions including original, hard copy receipts from in-store purchases to be mailed to:  
Shawnee Tribe: Attn School Clothing  
PO Box 189  
Miami, OK 74355



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### 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 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Street City State ZIP

#### Please insure you have included:

- Your completed application
- Current School Enrollment Verification form
- Student's Shawnee Tribal Enrollment Card

#### If Applying for Extracurricular Activities

- Submit the Extracurricular Verification Form

#### If Requesting Direct Purchase Assistance

- Submit the Direct Purchase Application

**Application documents only need to be submitted once per program year.**

### CONFIRMATION & ACCEPTANCE

*I understand that this program's annual deadline for applications & receipts is September 1 and that anything dated after September 1 can be submitted and 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**

**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: \_\_\_\_\_  
First Last MI

School/Program Name: \_\_\_\_\_

Address: \_\_\_\_\_  
PO Box/Street City State ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade/Classification of Student: \_\_\_\_\_ School Year: \_\_\_\_\_

Enrollment Status: In Attendance Pre-Enrolled

*I understand that my signature and the affixed stamp/seal affirm the above-named student is enrolled or pre-enrolled in the listed school/program as of this date.*

\_\_\_\_\_  
**School Official Name & Title (please print)**

\_\_\_\_\_  
**School Official Signature** **Date**

AFFIX STAMP/SEAL HERE