



DELAWARE TRIBE OF INDIANS
Community Service Committee
5100 Tuxedo Blvd
Bartlesville, OK 74006
918-337-6590

COVID 19 CARE TECHNOLOGY ASSISTANCE APPLICATION

MAXIMUM AWARD AMOUNT \$500

FOR STUDENTS K – 12 PLUS ANY COLLEGE STUDENT (WHO HAS NOT PREVIOUSLY RECEIVED ANY COVID FUNDS FROM THE DELAWARE TRIBE OF INDIANS)

Parent/Legal Guardian Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Student Name: _____
First Middle Last

Delaware Tribal Registration Number: _____ Date of Birth: _____ Age: _____

Name of School: _____ Grand Level of Student: _____

City/State/Zip Code: _____

Please have a Representative (e.g. Principal, Director, or Teacher) from the student's school sign below to verify that the student is currently enrolled in the above-listed school.

School Representative's Signature: _____ Date: _____

School Representative's Name and Title: _____

School Representative's Contact Info: email _____ phone _____

I, _____, as guardian or parent of the above-named student, hereby certify that the above information is true and correct and, if requested by the Delaware Tribe of Indians, can provide documentation in support of this information.

Guardian/Parent Signature

Date

Programs:

Provides technological assistance to Delaware Tribal students to be used for Covid-19 related situations that will allow students to better address the current Distance Learning challenges of the education process. The key areas of relief are:

- | | |
|--------------------|----------------------------------|
| 1. Laptop | 2. Wi-Fi |
| 3. Desktop | 4. Hotspot |
| 5. Software | 6. Printer/Scanner/Copier |
| 7. Tablet | 8. Supplies |
| 9. Meals | 10. Other (explain) _____ |

Funds are allocated up to **\$500** and will be disbursed by the Community Service Committee on a case-by-case basis. Those eligible for assistance are Delaware Tribal students from K to post-grad who can provide proof that needed assistance is due to COVID-19 pandemic. An application and documentation is necessary for each member making a claim for assistance.

Required Documentation:

- ✓ Copy of a photo ID (Driver’s license, tribal photo ID) and Tribal enrollment card **MUST** accompany the application. Contact Enrollment Office for Cards.
- ✓ Please attach a short statement about how the COVID-19 virus has caused your situation for which assistance is requested.

Incomplete applications are not considered.

Any tribal member purposely attempting to defraud the committee by signing and submitting this application will be subject to the penalties imposed by the US Treasury Department and will be ineligible for any community service program for a period of one (1) year.

By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of my knowledge and will Hold Harmless the Delaware Tribe of Indians for any COVID-19 contracted illness.

Signature of Applicant or Parent/Guardian

Date

Community Service Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied By: _____ Date: _____

Reason for Denial: _____