



**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**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_  
First Middle Last

Student Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Delaware Tribal Registration Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Grand Level of Student: \_\_\_\_\_

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.

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Signature of Applicant or Parent/Guardian

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Date

**Community Service Use Only:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_