



DELAWARE TRIBE EDUCATION ASSISTANCE APPLICATION
For students in 6TH thru 12th grade

Eligibility Requirements:

- **Must be a registered member** of the Delaware Tribe of Indians. *A copy of the applicants Tribal Registration Card and number **MUST BE SUBMITTED WITH APPLICATION**. (If card is not available, a replacement may be obtained from the Delaware Tribe Registration Department).
- This Assistance is to assist students with items required for classes, but not provided by the school (such as school supplies, graduation expenses, ACT exams, summer school if required, band, choir, etc.).
- One application per student per fiscal year may be funded. Each applicant will receive a \$50 gift card.
- Awards are based on the availability of funds.

Directions:

1. Complete application and return with a copy of your Delaware Registration Card, to the attention of the Education Department to the address listed above.
2. A separate application must be submitted for each eligible child in the family.
3. Mail in applicants will be notified by email or phone call if assistance is approved.

Name: _____
Last First MI. (Maiden)

Address: _____
Street City State Zip

Telephone: (_____) _____ Email Address (please print legibly) _____

2nd Phone: (_____) _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

School: _____ Grade: _____

I hereby certify that the above information is true and correct to the best of my knowledge. Any funds received under false pretenses will be repaid to the education account within 30 days.

Signature of Applicant (parent or guardian)

Date

- **ANY** applicant purposely attempting to defraud the Education Committee will not be eligible for any Education Programs for a period of one (1) year.
- Registered Delaware Tribal member as defined in the Trust Document, Article 1-membership. Trust Board Education ordinances, Purpose 100, Requirements. Trust Funds Master Plan III)

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied by: _____ Date: _____

Reason for Denial: _____