

**DELAWARE TRIBE OF INDIANS****Education Service Committee****5100 Tuxedo Blvd****Bartlesville, OK 74006****918-337-6590****DELAWARE TRIBE EDUCATION ASSISTANCE APPLICATION****For students aged Pre-K thru 5<sup>th</sup> grade****Application Guidelines:**

The purpose of the school supply assistance program is to help registered members of the Delaware Tribe of Indians with the cost of purchasing required school supplies for their children. Assistance is based on a first come first serve basis and funding availability. Each applicant will receive a \$50 gift card. (A separate application must be submitted for each eligible child in the family)

**Applications** will be accepted until funds are depleted.

**Eligibility:**

1. A registered tribal member of the Delaware Tribe of Indians
2. Enrolled in grades Pre-K thru Fifth

**Application Procedure:**

1. Complete Application
2. Return application to the Education Department with the following documents:  
**\*\* Copy of child's Delaware registration card (no exceptions). Cannot use parents' registration card.**

Cards may be obtained from the Delaware Tribe Registration Department.

Name: \_\_\_\_\_

Last

First

MI.

(Maiden)

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

Street

City

State

Zip

Telephone: \_\_\_\_\_ **Email Address (please print legibly):** \_\_\_\_\_

2<sup>nd</sup> 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.

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**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: \_\_\_\_\_