



Pawnee Nation Education Division
"Te-Tu-Koo" (It's Right Here) Resources
PO Box 470-Pawnee, OK-74058; Phone: 918-762-3227; Fax: 918-762-3662

Youth Supplemental funding

Semester/Year

Student Information:

Full Name: _____ Male _____ Female _____

Address: _____
PO Box/Street Name City, State Zip Code

Telephone--Home: _____ Cell: _____ Grade: _____ Birthdate: _____

MUST be enrolled member of Pawnee Nation-----Enrollment # _____

SUBMIT COPY OF YOUR CDIB WITH THIS APPLICATION BEFORE SERVICES CAN BE PROVIDED

Enrollment Verification:

This is to certify that the child named above is enrolled in the school listed below. Signature MUST be by an authorized school official for enrollment verification purposes.

Name of School

PRINT Name of Authorized School Official SIGNATURE of Authorized School Official

PARENT/GUARDIAN:

I understand that my child's eligibility for the gift card must be established before he/she can receive any assistance through Pawnee Nation's supplemental funding. I also understand that any funding spent on behalf of my child will be for school related items such as clothes, school supplies, shoes, coat, back pack etc. The gift card is solely for the student's name on this application and no one else. All receipts must be mailed to the Education Division office, the address is listed on the top of this application, attention to Jamie Nelson (Youth Service Coordinator) or Alison Black (Education Division Director). If purchases have been made on the receipt and are of adult purchases, the parent/guardian will be responsible to payback Pawnee Nation. Student could become ineligible for another gift card if unauthorized purchases are made.

PRINT Parent/ Guardian Name Date

SIGNATURE Parent/Guardian Name Date