WYANDOTTE NATION
EXTRA SCHOOL EXPENSE AND EXTRACURRICULAR ACTIVITIES PROGRAM
Fiscal Year 2021

PROGRAM GUIDELINES: (allotted $100.00 effective October 1st, 2020 to September 30th, 2021)
This program is provided to Wyandotte Nation Tribal members residing in the states of Oklahoma, Missouri, Kansas and Arkansas. Qualifying ages are Pre-K through 12th grade for expenses related to school attendance and school participation such as the following: class pictures, school lunches, instrument rental, lab fees, testing fees, sports activities and related equipment, academic fees, etc. Please note, school supplies are no longer allowed under this program. Please sign this application and provide all information to help avoid any delays.

Name of Student: ___________________________ Roll #: _____________
First  Middle   Last
Address: _____________________________________________
City: ___________________________ State: ___________ Zip: ___________
Email: _______________________________________________________________________________
Age of Student: _______ Grade Level: _______ Phone #: ___________

Below, please describe each request with dollar amount and attach original receipts for reimbursement OR school related bills/invoices to be paid to the vendor. All dated between October 1, 2020 and September 30, 2021. If seeking reimbursement, it is recommended to save receipts as obtained and submit as timely as possible to help ensure receipt of $100.00 allotment. If parents have joint custody they must decide who will submit the application on behalf of the child before the application is submitted. All applications need to be turned in to Family Services office or post marked by September 30th. No exceptions.

Please describe your request here:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Printed Name of Payee if Reimbursement: ___________________________________________________
Name of Company if Direct Payment: _______________________________________________________
Signature of Parent/Guardian: ___________________________ Date: ___________________________

(Approved by Program Coordinator: ___________________________ Amount Paid _____________ )