High School Junior or Senior Assistance Check Request

A $250.00 High School Junior/ Senior Expense Assistance Program is provided to Wyandotte Nation Tribal members that are High School Juniors or Seniors to help offset the added expense of Junior/Senior High School expenses. The student must state the purpose of the assistance such as yearbook, cap and gown, announcements, letter jacket, pictures, class ring, Junior/Senior trip, college testing, prom, or other related expense. Sign application and provide all information to help avoid any delays. This program is available to students in the states of Oklahoma, Kansas, Missouri and Arkansas.

Name of Student: ___________________________ Roll#: ___________________________
First Middle Last
Address: ________________________________________________________________
Street or P.O. Box City State Zip

Email Address: ____________________________________________________________

Age of Student: _______ Grade Level: ___________ Phone #: _____________________

School Attending: ___________________________ Phone #: _____________________

Below, list request with dollar amount and attach original receipts for reimbursement OR Junior/Senior-year related bills/invoices to be paid to the vendor. All receipts must be dated between October 1 and September 30 of the current year. If seeking reimbursement, it is recommended to save receipts as obtained and submit timely to help ensure receipt of the full $250.00 per student. If parents have joint custody they must decide who will submit the application on behalf of the child before the application is submitted.

Please Describe: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check should be made payable to: ____________________________________________

__________________________________________
Signature of Parent or Legal Guardian

Approved by: ___________________________ Date: ___________________________
Amount: _____________________________