



P.O. Box 453220 Grove, Oklahoma 74344 Phone: 918-786-5576 Fax: 918-786-9245

# Tribal Elder Application

**APPLICATIONS MUST BE COMPLETE**  
**OTHERWISE THEY WILL NOT BE PROCESSED**

Submit to the Above Address - "Attention: Welfare Committee"

Note: Must be Age 52 or Older

Please Print

Today's Date Applicant's Date of Birth Applicant's Age

Applicant's Name Roll Number

Address City/State Zip Code

Phone Number Cell Number Work Number

Email Address

Signature of Applicant

Tribal Elders will be allowed a once in a lifetime payment of \$10,000. Tribal Elders must provide all the listed information to the Seneca-Cayuga Nations Welfare Committee. The Tribal Elder will be allowed \$2,500 each fiscal year following the use of his/her \$10,000 funds.

Qualified Nation Elders must have been a member of the Seneca-Cayuga Nation no less than (20) years prior to receiving any Nation Elder funds.

### Documentation Needed for Completion:

**DOCUMENTS MUST BE SUBMITTED WITH THIS CLAIM**

1.  Copy of Tribal Membership Card
2.  Statement of Need
3.  Copy of all Receipts Member is Wanting Paid

Below, Provide a Statement of Need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding your claim, contact the Welfare Department at the number listed at the top of this form.

\*\*\*\*\*FOR WELFARE COMMITTEE USE ONLY\*\*\*\*\*

Date: \_\_\_\_\_ Action Taken: \_\_\_\_\_ Approved \_\_\_\_\_ Hold \_\_\_\_\_

Reason: \_\_\_\_\_ Remitted To: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Balance: \_\_\_\_\_

Approval: CD \_\_\_\_\_ PA \_\_\_\_\_ SWV \_\_\_\_\_