

SENECA - CAYUGA NATION

P.O. Box 453220 Grove, Oklahoma 74345

Phone: 918-786-5576

School Clothing/Coat
Application

Youth Fellowship Fund Application

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

PLEASE PRINT

ALL APPLICATIONS MUST BE MAILED TO THE ABOVE ADDRESS
or PLACED IN THE DROP BOX IN THE LOBBY
NO FAXES WILL BE ACCEPTED

Student Name _____ Roll# _____

Address _____ City/State _____ Zip Code _____

Phone Number _____

Name of the School Attending _____

Address of the School Attending _____

City _____ State _____ Zip Code _____

I am requesting Youth Fellowship Funds for the above named student for the school year of 2016/2017. I am the parent or legal guardian and have the right to sign this form. All information provided on the form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I've provided on this form. I agree to notify the Seneca-Cayuga Welfare Committee of any changes in the above information.

Signature of Parent or Legal Guardian _____ Date _____

Printed Name of Parent or Legal Guardian _____

A complete application package must be done for each student for whom funds are sought.
Only complete applications will be reviewed and processed.

The application packet includes the items below

1. _____ STUDENT TRIBAL MEMBERSHIP CARD
2. _____ PROOF OF LEGAL GUARDIANSHIP IF SIGNED BY A LEGAL GUARDIAN
3. _____ LETTER FROM THE SCHOOL, ON SCHOOL LETTERHEAD, SIGNED, DATED, MUST HAVE THE STUDENTS NAME, GRADE AND THE DATE THAT THE STUDENT ENROLLED FOR THE 2016/2017 SCHOOL YEAR.

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

Date: _____ Remitted to: _____

Amount: _____ Approval: _____ PA _____ JQ _____ SWV