

SENECA - CAYUGA NATION

Welfare Committee
Phone: 918-791-6025

PO Box 453220
Fax: 918-786-9245

Grove, OK 74345
Email: gheatherly@sctribe.com

TRIBAL ELDER APPLICATION

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

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

**QUALIFIED NATION ELDERS MUST BE 52 YEARS OF AGE OR OLDER
AND MUST HAVE BEEN A MEMBER OF THE SENECA-CAYUGA NATION FOR NO LESS
THAN (20) YEARS PRIOR TO RECEIVING ANY OF THE NATION ELDER FUNDS**

Tribal Elders will be allowed a once in a lifetime payment of \$10,000.00.

The Tribal Elders must provide all the listed information to the Seneca-Cayuga Nations Welfare Committee
The Tribal Elder will be allowed \$2,500.00 each fiscal year following the use of his/her \$10,000.00 funds

Today's Date	Applicant's Date of Birth	Current Age of Applicant
Name	Roll #	
Address	City/State	Zip Code
Phone Number	Cell Number	Work Number
Email Address		

I SWEAR AND AFFIRM THAT ALL THE INFORMATION LISTED ON THIS DOCUMENT IS TRUE AND CORRECT

Signature of Applicant or Guardian	Date
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**BELOW IS A LIST OF OF DOCUMENTATION NEEDED FOR COMPLETION OF THIS CLAIM
AND MUST BE SUBMITTED WITH THIS APPLICATIONS**

- ___ Copy of the Tribal Membership Card
- ___ Statement of Need
- ___ Copy of all Receipts, Estimates or a Quote for which the Tribal Member is Requesting Funds

Statement of Need:

*****FOR CLAIMS COMMITTEE USE ONLY*****

Date: _____	Action Taken: _____	Approved _____	Hold _____
Reason: _____	Remitted To: _____		
Check #: _____	Amount: _____	Balance: _____	
Approval: _____	JQ _____	PA _____	SWV _____