

SENECA - CAYUGA NATION

Phone: 918-791-6025
Fax: 918-786-9245

Benefits Department
PO Box 453220
Grove, OK 74345

Email:
benefits@sctribe.com

TRIBAL ELDER APPLICATION

Submit to the above Address - "Attention: Benefits"

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

**QUALIFIED NATION ELDERS MUST BE 55 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**

**The Tribal Elder will be allowed \$2,500.00 each fiscal year with submittal of 5 applications and
disbursements in increments of \$500 per month depending on funding availability.**

Check this box if you have been an enrolled tribal member for at least 20 years.

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 AND understand that disrespectful behavior shown to Seneca Cayuga Employees shall be cause for suspension indefinitely.

Signature of Applicant or Guardian

Date

The Tribal Elders must provide all the listed information to the Seneca-Cayuga Nations Benefit Department
**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:

