

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Back-To-School Clothing/Supplies

The Delaware Nation General Welfare fund provides a **one-time** per fiscal year assistance in the amount of **\$500 for school clothing and \$100 for school supplies**, to school aged children grades: Pre K-12<sup>th</sup>. This funding is available to enrolled Delaware Nation youth Nationwide from July 1, 2024 to June 30, 2025 or until funds are exhausted.

### REQUIREMENTS

- Student must be an enrolled Delaware Nation citizen
- Grades Pre K-12<sup>th</sup>, proof of school enrollment required

**Legal guardian/custodial parent Information** **Legal documentation must be on file in Tribal Enrollment office.**

Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

Contact Phone:

( ) \_\_\_\_\_

### Enrolled Children Information

**USE ONLY ONE APPLICATION PER ADDRESS**

Full Legal Name	Age	Grade	Roll #	School Attending

Please allow 10-14 days for check to be mailed after application submission.

**Parents will be responsible for submitting receipts for each child who receives this funding. Failure to submit receipts will disqualify child from receiving any future school clothing/supplies program funding.**

**Delaware Nation will only communicate any matter involving a minor tribal citizen with the legal/custodial parent/guardian.**

**By signing this application, I certify under penalty of law** that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Date

Please submit application by mail, fax or email to [ssapplications@delawarenation-nsn.gov](mailto:ssapplications@delawarenation-nsn.gov)

### OFFICE USE ONLY

Approved  Denied

Total Amount Approved \$ \_\_\_\_\_

\_\_\_\_\_  
Social Services

\_\_\_\_\_  
Date