



# Poarch Creek Indians Extracurricular Reimbursement Program August 1, 2017- July 31, 2018

## Student Information

Student's Full Name:		
Please indicate child's Tribal Affiliation:	<input type="checkbox"/> Tribal Member Roll #: _____	<input type="checkbox"/> First Generation
Name of school attending:		
Date of Birth:	Age (Student must be 4 by 09/01/17):	Grade:

## Parent/Guardian Information

<b><u>Tribal Member</u></b> Parent Name:	Tribal Member <b>Parent Roll #:</b>	
<b><u>Primary</u></b> Custodial Parent:	Date:	
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

## Extracurricular Activity Information

Please list the name of the activity and corresponding expenses below. **Original receipts are required and must be dated between August 1, 2017 and July 31, 2018.** Please label each receipt with the child's full name. Failure to provide supporting documents such as receipts and additional information will result in delay of reimbursement. Tribal Member children and First Generation children can be reimbursed up to \$1,500.00 each program year. This program is for camps and extracurricular activities that are operated by the School, Tribe, Community, and/or Public but additional information may be requested for any/all programs. Reimbursement will be mailed to the address on the application. It is recommended to save a copy of each receipt for your records. **The Education Department reserves the right to refuse reimbursement for any purchase deemed inappropriate for this program. If in doubt, please call the Education Department prior to making the purchase.**

Name of Activity:
Total cost to participate in activity:
Is the activity operated by the? <input type="checkbox"/> School <input type="checkbox"/> Tribe <input type="checkbox"/> Community <input type="checkbox"/> Private Company/Individual <input type="checkbox"/> Camp

The following must be submitted with each application:

- Completed Application (Each activity will require a new application to be submitted)
- **Original Receipts** for expenses paid (Fees, Uniform, and Equipment are acceptable items). Include child's name on each receipt submitted.
- First Generation only - If Indian Descent letter is not on file with the Education Department, a letter must be submitted with this application.

(This letter can be obtained by contacting the Tribal Enrollment Office at (251) 368-9136 ext. 2281)

I certify that I am the parent/guardian of the child listed on this application and all information above is true and correct. I understand that charges will be brought against me if I am found to have received reimbursement through fraudulent means. I also understand that I will have to repay the Tribe. I agree that this program is a benefit to me and my child and I will not misuse it.

\_\_\_\_\_  
Signature of Guardian of child listed on application

\_\_\_\_\_  
Date