



Back to School Fund Application
Pre-K through 12th Grade
Sauk-Suiattle Tribal Members Only

Ways to Submit form:
By mail:
Sauk-Suiattle Education Dept.
5318 Chief Brown Lane
Darrington, WA 98241
By email: mozment@sauk-suiattle.com
Questions: Call 1-360-436-1854 Ext 243
Please do not fax.

The Tribal Council created a Back to School fund for the purpose of fostering the social and economic advancement of our people through the education of our enrolled Sauk-Suiattle children. The Back to School Fund is made available through the Sauk-Suiattle Indian Tribe's ability to secure funds through the leasing of its gaming units allocation authorized by the State of Washington and is not a guaranteed source of income. The Back to school fund, therefore, is subject to the availability of funds.

The Tribal Council set the following eligibility requirements to receive the back to school fund in the amount of \$300.00 per school year for each student who meets the eligibility criteria.

1. The student is an enrolled member of the Sauk-Suiattle Indian Tribe.
2. A W-9 (Request for Taxpayer Identification Number and Certification) must be completed for each child, with **the student's** name, physical address, and social security number listed, and a signature from their parent/guardian if under 18.
3. Parent/Guardian must submit the previous year's report card. Parents of pre-K students and foster families only may submit a current record of enrollment in school if previous records are not available.
4. **Note:** If this is the first time the student is attending an educational program, the Parent/Guardian must submit proof of the student's enrollment in an educational program along with this application.

Applicant Section

The application will not be processed unless all sections are completed and all documents required have been received. You must complete, initial, sign, date and attach the necessary documents. Complete one form for each child.

Student's Legal Name: _____

Grade: _____

Date of Birth: ____ / ____ / ____

Student's SSIT Enrollment number: _____

Mailing address: _____

_____ (initial) I have attached the current years W-9: (Request for Tax Payment Identification Number and Cert.)

_____ (initial) I have attached the student's previous year's report card, **or** proof of enrollment for a first-time student.

_____ (initial) Print the name of the person the check is to be issued to: _____

_____ (initial) This child resides in my household, and I have authority to submit this application on their behalf.

Parent/Legal Guardian Information

Parent/Legal Guardian Current Mailing Address:

Parent/Legal Guardian Evening Phone Number: _____

Parent/Legal Guardian E-Mail Address: _____

Parent/Legal Guardian Signature: _____

Date: ____/____/____

After all sections are complete, and all required documents have been attached, please turn this application in to the Education Department. If there are sections and/or documents missing, the application will not be processed.

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Education Department Internal Use Only – for routing purposes:

Enrollment Department

- () Yes, this child is enrolled in the Sauk-Suiattle Indian Tribe pursuant to SSIT's Constitution and Bylaws.
- () Yes, based on this individual's enrollment records, this is the correct DOB and Enrollment # for this individual.
- () No, this individual is not an enrolled member of the Sauk-Suiattle Indian Tribe.

Enrollment Representative Signature: _____ Date: ____/____/____

Education Department

- () Yes, this child meets the eligibility criteria for the Back to School Fund, and this application is complete.
- () Attached is Purchase Order # _____ in the amount of \$300.00 for this student, and all necessary signatures and attachments are included.

Education Department Signature: _____ Date: ____/____/____

Finance Department

() The Back to School Fund Form is complete, and Purchase Order # _____ contains the necessary authorization.

Finance Department Signature: _____ Date: ____/____/____