

Puyallup Tribe of Indians
CHILDREN'S ACTIVITIES PROGRAM
APPLICATION FORM

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PURPOSE

The intent of the **Children's Activities Program** is to aid Tribal member students with monetary assistance for 1) participation in an organized youth sports team and purchasing sports Equipment (**with letter from school**) 2) entry into a youth Sports Tournament. **ALL SPORTS TEAMS MUST HAVE 5 OR MORE PLAYERS TO BE ELIGIBLE FOR PAYMENT FOR TOURNAMENT FEES.** 3) Extra Curricular Activities like music lessons, martial arts age limited, swimming, dance etc. 4) Monthly payment of band instrument; and 5) reimbursement of Drivers Education course. **The program does not REIMBURSE for fee. THIS IS FOR FY OCT 2020-2021 ONLY.**

NAME: _____		
FIRST	MIDDLE	LAST
D.O.B: _____	ENROLLMENT NUMBER: _____	
ADDRESS: _____		CITY, _____ ST, _____
ZIP CODE _____	PHONE NUMBER: _____	
EMAIL ADDRESS: _____		
If guardian is not a Puyallup Tribal member, the guardian must provide documentation proving custodial parent of Tribal member child.		

CATEGORIES: \$1000.00 Limit per year.

- Youth Sports Team/Equipment:** participation in an organized youth sports team and purchasing sports equipment (with letter from school):
- Youth Sport Team or Extra Curricular Activity that special needs youth participate indirectly or directly in.** Child applicant can qualify for the purchasing of specialized or adaptive equipment, uniforms or attire that may be required to participate in a selected program.
- Extracurricular Activities:** such as, swimming, dance, music lessons, or martial arts (age restrictions). **NO PERSONAL TRAINER.**
- Band Instrument:** monthly rental payment of band instrument for a year then the program will pay off the instrument to own.

5. **Drivers Education:** reimbursement of Drivers Education course when completed; and parents need to bring in the receipt and letter from school stating complete course.

Please Note: If you are applying for assistance for the Drivers Education Course, the cost of the course will be reimbursed to the applicant when the Program Coordinator receives a copy of certification of completion.

SELECT THE ACTIVITY YOU ARE APPLYING FOR:

It is applicant's responsibility to obtain an invoice for all activities or a receipt for reimbursement for Sports Equipment. **The program coordinator will no longer accept incomplete applications and it will not be processed.**

NAME OF ORGANIZATION, CONTACT PERSON, AND ADDRESS OF YOUTH ACTIVITIES:

Organized Youth Sports, Tournament, Sports Equipment, Purchasing of Specialize Equipment, Uniform, or Attire Necessary for Specialized Needs Youth to participate in Sports/Extra Curricular Activity either directly or indirectly, Extra Curricular Activity, Music Vendor, and driver's Education.

Name of Organization: _____

Name of Contact Person: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number of Organization: _____ Email Address: _____

BASED ON THE CATEGORY SELECTED, THE APPLICANT MUST FILL OUT OR PROVIDE THE FOLLOWING INFORMATION:

Must be attending a credited school of learning (Preschool Elementary, Middle School or High School). 3 years and older in Pre-School need letter from Pre-School not Day Care. The program coordinator will call to verify.

FRAUD, MISREPRESENTATION, INCOMPLETE APPLICATIONS

If assistance is received and required receipts are not turned in within 15 calendar days, applicant will then be out of compliance with Children's Activities policy and will need to reimburse the Puyallup Tribe for funds that are unaccounted for. The applicant will not be eligible for further assistance until all funds are repaid to the Tribe. Withholding information, providing false information on application, actions that show intent to commit fraud against the Children's Activities Program or submitting altered documents will result in immediate denial.

If the Program Coordinator determines based on reasonable grounds that the applicant has entered any false or intentionally misleading information or statements on any application submitted to Children's Activities Program or to any other Puyallup Tribal assistance program, the Program Coordinator, or a delegate, may

suspend the applicant from receiving Children’s Activities Program funding for a period of one year. If it is determined the applicant has received assistance illegally or in violation of this policy, the applicant will not be eligible for further assistance until all funds are repaid to Tribe. The applicant must provide all necessary documents to complete a request. Incomplete applications will not be processed.

OTHER INFORMATION

The Children’s Activity Program is funded by the Puyallup Tribe of Indians, therefore, at any time the amount of funding can either decrease or increase based on Funding Allocations.

“I understand that if I knowingly submit fraudulent information or do not use the funds for their intended purpose, I will not be eligible to receive funds under this program and may be subjected to prosecution in Tribal Court.”

WAIVERS

No waivers or exceptions to this policy will be allowed, including eligibility

CHECK PROCESS: You must:

- Provide a 1-week notice to process check
- Provide with Application entry flyer or tournament form that state the amount, date of the event
- Program Coordinator will MAIL the check to the Organization/Vendors.**
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APPLICANT SIGNATURE (PRINT PARENT OR GUARDIAN)

DATE SIGNED

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YR OF AGE)

DATE SIGNED

AUTHORIZED SIGNATURE APPROVING APPLICATION

DATE SIGNED

STOP

CHILDREN ACTIVITY PROGRAM COORDINATOR USE ONLY

Please Note the history of Requests by tribal Member Applying for Assistance (Maximum \$1,000)

Date of Assistance	Activity	Amount	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CHILD ACTIVITIES