

**Incomplete applications will not processed or completed by the Finance Department.**

**Student Information**

Application Date: \_\_\_\_\_

Students Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Grade \_\_\_\_\_ Childs Enrollment Number \_\_\_\_\_

**Parent/Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Social Security Number \_\_\_\_\_ Current Phone Number \_\_\_\_\_

Parent/Legal Guardian Name Printed \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

**School Registrar/Admission Office**

I Certify that \_\_\_\_\_ is currently enrolled and will be attending classes at \_\_\_\_\_

School Address: \_\_\_\_\_ Ph. # \_\_\_\_\_

School Registrar: \_\_\_\_\_ (School Stamp/Seal)

Please read carefully and sign below.

I \_\_\_\_\_ hereby certify that I am the Custodial Parent/Legal Guardian of the above stated child and the information is true and correct and if requested by the Quechan Indian Tribe can provide additional documentation in support of this information. I also Certify that these assistance funds will be used as intended. Receipts will be due by or before September 29, 2023.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The School Clothing Assistance Program (SCAP) will be utilized this year. (General Funds).  
The School Clothing Readiness Assistance Program (SCRAP) will not be used due to Covid Funds no longer available.*

\*Funds used for the School Clothing Assistance Program are considered General Welfare, therefore they are tax exempt.

SCAP 2023