



# QUECHAN INDIAN TRIBE

## *Ft. Yuma Indian Reservation*

P.O. Box 1899  
Yuma, Arizona 85366-1899  
Phone (760) 572-0213  
Fax (760) 572-2102

### 2018 SCHOOL CLOTHING ASSISTANCE PROGRAM

(OPEN TO PARENTS/ LEGAL GUARDIANS OF ENROLLED QUECHAN TRIBAL MEMBERS ONLY)

PLEASE READ CAREFULLY. APPLICATIONS ARE AVAILABLE IN PERSON, BY FAX OR BY MAIL AT THE QUECHAN TRIBAL ADMINISTRATION OFFICE. THE REVENUE DISTRIBUTION DEPARTMENT WILL BE ACCEPTING APPLICATIONS THROUGH THE FOLLOWING DATES:

**BEGINNING: July 16, 2018 - 8:00 A.M.**  
**ENDING: AUGUST 31, 2018 - 5:00 P.M.**

#### ELIGIBLE GRADES TO PARTICIPATE:

HEADSTART - 1 <sup>ST</sup> GRADE	-	\$250.00
2 <sup>ND</sup> THROUGH 12 <sup>TH</sup> GRADE	-	\$350.00

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#### ENROLLMENT AND PARENT/LEGAL GUARDIAN:

- Enrollment will be verified by the Revenue Distribution Office by certified list provided by the Enrollment Department.
  - The custodial parent must complete the application. If the applicant is not the custodial parent, documentation in the form of a Legal Custody Order or Guardianship Order through a court must accompany the application. (All documents must be current).
  - Notarized statements are **NOT** accepted.
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#### RECEIPT DEADLINE: SEPTEMBER 29, 2018 BY 5:00 PM

- MAILED IN RECEIPTS WILL BE ACCEPTED ONLY IF THEY ARE POST MARKED ON OR BEFORE THE RECEIPT DEADLINE. PURCHASES MADE WITH A DEBIT CARD WILL BE ACCEPTED. WE DO NOT ACCEPT CREDIT CARD OR GIFT CARD RECEIPTS.
- All receipts must be dated July 16, 2018-September 28, 2018. Original receipts only, must include store name and list of items purchased. Please print student name and parent/legal guardian name on all receipts. If you need copies of your receipts please make copies prior to turning in your receipts.
- Faxed or handwritten receipts will **NOT** be accepted. If receipts are not returned the Parent/ Legal Guardian may not be eligible for cash disbursement for the next S.C.A.P. Program.
- RECEIPTS WILL BE ACCEPTED IN THE REVENUE DISTRIBUTION AND FINANCE OFFICE ONLY. DO NOT TURN IN YOUR RECEIPTS TO ANY OTHER DEPARTMENT IN THE ADMINISTRATION OFFICE TO INSURE PROPER RECEIPT.

Any questions on the information provided please call (760) 572-0213 ext. 274  
Direct Fax Line - Revenue Distribution (760) 572-0665  
Email address - dianna.waters@quechantribe.com



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OFFICE USE ONLY  
Date Received: \_\_\_\_\_

Enrollment - \_\_\_\_\_  
Guardianship - \_\_\_\_\_

Verified By \_\_\_\_\_  
Amount \_\_\_\_\_

**APPLICATION DEADLINE: August 31, 2018 @ 5 PM**

STUDENT INFORMATION  
PLEASE PRINT CLEARLY

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

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ **696-** \_\_\_\_\_ - \_\_\_\_\_  
Enrollment Number \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No.: ( ) \_\_\_\_\_  
Parent/Guardian Social Security Number \_\_\_\_\_

**I REQUEST THE SCHOOL TO VERIFY ENROLLMENT AND/OR ATTENDANCE FOR THE ABOVE NAMED STUDENT.**

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMISSIONS OFFICE  
This section to be completed by school official

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

I certify the above student is currently enrolled at: \_\_\_\_\_  
Name of School

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ **(School Stamp/Seal)**

Signature of School Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF ACKNOWLEDGMENT**  
**APPLICANT: PLEASE READ CAREFULLY AND SIGN BELOW**

I \_\_\_\_\_ hereby certify, I am the Custodial Parent/ Legal Guardian of the above stated child and understand I will be held accountable for the revenue received from the School Clothing Assistance Program. I declare that I will use any funds I receive from the Quechan Indian Tribe School Clothing Assistance Program solely for their intended purpose and solely for the benefit of the student named on this application. I will turn in the original of all receipts for purchases made with School Clothing Assistance Program funds. I further agree if I provide false information I will be disqualified from participating in future School Clothing Assistance Programs.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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