

**Student Clothing Allowance Application**

**2400 W. Datsi Street**

**Camp Verde, Arizona 86322**

**Clothing Coordinator Phone: 928-567-1003 Email: [kreimer@yan-tribe.org](mailto:kreimer@yan-tribe.org) or**

**YAN Administration Phone: 928-567-3649 Email: [adminfrontdesk@yan-tribe.org](mailto:adminfrontdesk@yan-tribe.org)**

**Student Clothing Applications will not be processed without required information and documentation.**

Emailed applications are accepted to avoid delay.

All Master Card Holders Have 30 days after deadline to return their receipts.

**(Clothing Department use only) Application:**

**Incomplete:**

**Approved:**

**Denied:**

**Master Card Holders Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Last (4) Digits of Social Security Number** \_\_\_\_\_

**Need new card (circle):**                      **Yes**                                      **No**

**Master Card Information (16) digits of the Master Card: (write all bank card numbers below)**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Master Card expiration date:** \_\_\_\_\_ / \_\_\_\_\_ **(3) Digit Security Code: (on back)** \_\_\_\_\_

**(Clothing Department use only)**

**Deductions:** \_\_\_\_\_ **Total Credit Limit:** \_\_\_\_\_

**Student Clothing Allowance Application**  
**Complete all the information for each student**

**1) Name of Student:** \_\_\_\_\_

**YAN Tribal Enrollment Number:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of School Attending:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School Contact Number:** \_\_\_\_\_

**2) Name of Student:** \_\_\_\_\_

**YAN Tribal Enrollment Number:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of School Attending:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School Contact Number:** \_\_\_\_\_

**3) Name of Student:** \_\_\_\_\_

**YAN Tribal Enrollment Number:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of School Attending:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School Contact Number:** \_\_\_\_\_

4) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

5) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

6) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

7) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

8) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

9) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

10) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_

11) Name of Student: \_\_\_\_\_

YAN Tribal Enrollment Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact Number: \_\_\_\_\_