

Yavapai-Apache Nation

Student Clothing Allowance Application

2400 W. Datsi Street Camp Verde, AZ 86322

Daniel Diaz - Clothing Coordinator - Phone: 928-567-1056 Email: ddiaz@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

MASTER CARD HOLDER INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email: _____

DOB: _____ Last (4) Digits of SSN: _____ New Card ? : 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) _____

How would you like the next application sent to you ? Mailed () Emailed ()

Students Ages 3-9

Will receive \$250 during Spring Distribution and \$300 during Fall Distribution

Student Ages 10-19

Will receive \$400 during Spring Distribution and \$450 during Fall Distribution

Fall Distribution (July 1st – October 1st) Spring Distribution (January 5th – April 1st)

(Clothing Department use only)

Incomplete:

Approved:

Denied:

Deductions: _____ Total Credit Limit: _____

Complete all the information for each student

1) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ Age: _____ Grade: _____

Name of School Attending : _____

School Contact Number : _____

2) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ Age: _____ Grade: _____

Name of School Attending : _____

School Contact Number : _____

3) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ Age: _____ Grade: _____

Name of School Attending : _____

School Contact Number : _____

4) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ Age: _____ Grade: _____

Name of School Attending : _____

School Contact Number : _____

5) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ Age: _____ Grade: _____

Name of School Attending : _____

School Contact Number : _____

6) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ **Age:** _____ **Grade:** _____

Name of School Attending : _____

School Contact Number : _____

7) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ **Age:** _____ **Grade:** _____

Name of School Attending : _____

School Contact Number : _____

8) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ **Age:** _____ **Grade:** _____

Name of School Attending : _____

School Contact Number : _____

9) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ **Age:** _____ **Grade:** _____

Name of School Attending : _____

School Contact Number : _____

10) Name of Student: _____

YAN Tribal Enrollment Number : _____

DOB: _____ / _____ / _____ **Age:** _____ **Grade:** _____

Name of School Attending : _____

School Contact Number : _____

Parent/Guardian Verification

I, the undersigned parent/guardian, verify that I have read the Yavapai-Apache Nation Student Clothing Allowance Program Policies and Procedures. By signing below, I agree to abide by all requirements of the Program and to provide to all necessary documents for my student to qualify for assistance under the Student Clothing Allowance Program. I further understand that if I fail to abide by the terms of these Policies and Procedures, my participation in the Yavapai-Apache Nation Student Clothing Allowance Program may be terminated or denied.

I, the undersigned parent/guardian, understand and agree that I am responsible for reimbursing the Nation for any portion of the Allowance funds used for unauthorized purchases.

I understand and agree I may exercise a payment plan through voluntary payroll deductions if I am an employee of the Yavapai-Apache Nation or one of its subordinate economic organizations, and that I must reimburse the Nation for the total amount of the unauthorized purchases before the next Allowance distribution.

If I am a Yavapai-Apache Nation tribal member, I understand and agree that failure to reimburse the Nation for any unauthorized purchases shall constitute a “debt owed to the Nation by a tribal member receiving per capita distributions” and a debt “agreed to by the member in writing...” within the meaning of Article III, Section 2 (1) of the Yavapai-Apache Nation’s Indian Gaming Revenue Allocation Plan (“RAP”), and that the collection of said debt may be accomplished by the Nation by offsetting any unreimbursed amounts against any gaming revenue per capita distribution otherwise payable to me. I acknowledge that the Nation may offset any unreimbursed amounts by withholding such amounts from any “Holiday Assistance that may be appropriated by the Nation’s Tribal Council and otherwise payable to me.

If I am not a Yavapai-Apache Nation tribal member, I understand and agree that the Nation may pursue collection of any unreimbursed amounts by any legal means necessary and hereby consent to the jurisdiction of the Yavapai-Apache Nation Tribal Court for actions taken by the Nation to collect any unreimbursed amounts.

Printed name of parent/guardian

Signature of parent/guardian

Date