WYANDOTTE NATION
EXTRA SCHOOL EXPENSE AND EXTRACURRICULAR ACTIVITIES PROGRAM
Fiscal Year 2023

PROGRAM GUIDELINES: (allotted $100.00 effective October 1st, 2022 to September 30th, 2023)
This program is provided to Wyandotte Nation Tribal Citizens Nation-wide, and is Reimbursement only, outside of the states of Oklahoma, Missouri, Kansas and Arkansas. Qualifying ages are Pre-K through 12th grade for expenses related to school participation and extracurricular activities, such as the following: class pictures, school lunches, instrument rental, lab fees, testing fees, sports activities and related equipment, etc. Please note, school supplies and tuition/instruction fees are not allowed under this program. Please sign this application and provide all information to help avoid any delays. Incomplete applications will be returned.

Name of Student: ___________________________ Roll #: ___________________________
First Middle Last

Address: ________________________________________________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Age of Student: ___________________________ Grade Level: ___________________________

Parent/Legal Guardian Printed Name: _______________________________________

Parent/Legal Guardian Email: _______________________________________________
Phone #: ___________________________

Printed Name of Payee if Reimbursement: ________________________________

Name of Company if Direct Payment: _______________________________________

Signature of Parent/Legal Guardian: ___________________________ Date: ________________

Below, please describe each request with dollar amount and attach original receipts for reimbursement OR school related bills/invoices to be paid to the vendor. All dated between October 1, 2022 and September 30, 2023. If seeking reimbursement, it is recommended to save receipts as obtained and submit as timely as possible to help ensure receipt of $100.00 allotment. All receipts must show item purchased, date, subtotal, total and payment method. All applications need to be turned in to Family Services office or post marked by September 30th. No exceptions.
If parents have joint custody they must decide who will submit the application on behalf of the child before the application is submitted.

Must describe what your request is for: _______________________________________
___________________________________________
___________________________________________
___________________________________________

Printed Name of Payee if Reimbursement: ________________________________

Name of Company if Direct Payment: _______________________________________

Signature of Parent/Legal Guardian: ___________________________ Date: ________________