

**GRID - 2026 /BOTH-Infant and Youth-Wyandotte Nation Assistance**

**October 1, 2025 to September 30, 2026**

**Guidelines Must Be Met For This Program - Please See Separate Guideline Pages**



**Reimbursement Option - Must Complete Grid and Return with Original Receipts**

Child's Roll #	Child's Full Name:
----------------	--------------------

Must describe what this request is for. (exp. Clothing/School Supplies/Baseball/Music lessons) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Store Name	Receipt Date	Receipt Amount
		<b>Grand Total</b> \$

**Actual amount you want reimbursed if different from Grand Total \$** \_\_\_\_\_

Print Name of Person to Pay: \_\_\_\_\_

Address if different from applicant: \_\_\_\_\_

\_\_\_\_\_