

# Wyandotte Nation - Angel Tree Application - Due by November 7th

**NOTE:** This application must be completed in-full to be considered for the Angel Tree Program. I understand I will receive a notification either by mail, phone, email or in person from the Wyandotte Nation if my application is approved. Selection will be based on a point system that includes income level, family size and ages of family members. Families who participated in the program in previous program are welcome to submit applications. However, priority will be given to families who have not yet participated in the program.

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Message: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please list all persons in Household, listing yourself first:**

First Name / MI / Last Name	Employed Y / N	If Yes List Employer	Age	Date of Birth	Wyandotte Nation Roll Number

Monthly Net Income: (For all adult members of household 18 years or older.) **Required documentation:** Proof of income **MUST** be provided for **ALL** household members. (most recent pay stub or 2024 income tax return)

1. Name: \_\_\_\_\_ \$ \_\_\_\_\_ Source: \_\_\_\_\_

2. Name: \_\_\_\_\_ \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total Household Monthly Net Income: \$ \_\_\_\_\_

Are the children listed above participating in any other Angel Tree Program: Y \_\_\_\_ N \_\_\_\_

Are you enrolled with another Federally recognized Tribe: Y \_\_\_\_ N \_\_\_\_

**By signing below, I certify that all information is true and correct:**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

