

Wyandotte Nation - Angel Tree Application-Due by November 13th

NOTE: This application must be completed in-full to be considered. I understand I will receive a notification 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, family size, ages of family members and if the child has participated in the program previously. Previous recipients may apply; 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 2025 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 any persons listed on the application enrolled with another Federally recognized Tribe: Y ____ N ____

If yes list who and which Tribe: _____

I certify that all information is true and correct:

Signature: _____ **Date:** _____

