

Sisseton Wahpeton Oyate

Big Coulee Youth Board | Siceca Iyakaptapi

Youth Assistance Application

Check One: ☐ Birthday Assistance (0-5y) ☐ Grade Incentive (Semester system)

Parent/Guardian:		Phone:	
Current Physical Address:			
Mailing Address:			
Youth Full Name	Name of School	Date of Birth	Grade
Father's Name:		District Affiliation:	
Mother's Name:		District Affiliation:	
Child Resides with: (please circle any that apply) Mother Father Both Other		<i>Please remember to attach court order or legal documentation</i>	

Youth Requests will be considered during the following official Monthly Youth Board meeting at BC District Center and only distributed if funds are available. Please explain purpose for request:

On behalf of the above BC Youth Member, I hereby:

1. State the above youth are enrolled members of the Sisseton-Wahpeton Oyate.
2. State the above youth are registered with Big Coulee District.
3. I have applied for Youth Sponsorship through the **SWO Youth Department**
 - a. *Please attach letter of denial/approve in amount of \$_____.*
 - b. *Alternative fundraising for youth sponsorship: Sisseton 4H, Nisto Inc. Tribal Education Dept., Generation Indigenous, Behavioral Health Dept. or any other School, Community or Tribal Program*
 - c. *Per policy, if you are not the parent, you MUST attach a current court order stating that you have custody of the above named child/children. Or documentation of emergency placement from Child Protective Services, Tribal or State.*

Parent/Guardian Signature

Date

CIRCLE ONE:

PICK UP IN PERSON

SENT IN MAIL

PICK UP BY RELATIVE:

Request Verified:

Amount Distributed:

Distribution Date: