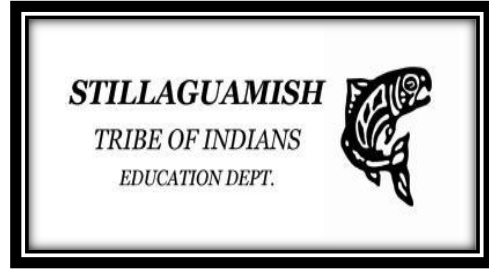


**Stillaguamish Tribe of Indians Education Department**  
**K-12 Fees & Expenses Application Packet**  
**Arts, Academics, Athletics, & Music**



**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose:** The Expenses and Fees Program was developed to help families with expenses and fees related to the arts, academics, athletics, and music programs.

**Eligibility:** To receive benefits for activities or programs they must be considered educational enrichment (such as performing arts, music, dance, etc.) or athletic programs. Applicants must complete and sign the application packet documents for Enrichment Activities (AAAM). Applicants must seek approval from the Stillaguamish Tribe of Indians Education Department prior to enrollment or participation in an activity or program. Applicants must plan accordingly to ensure prior approval is granted before the activity or program begins. The application documents may take up to three weeks for processing.

**Covered Expenses and Fees:**

- Youth Athletics
- Youth Music Programs
- Youth Arts Programs
- Class Fees
- Music Books
- Art Books

**Available Award Amount:** An eligible child may receive benefits per academic year to cover the fees and expenses listed above. The academic year, regardless of school or program, is defined as July 1 – June 30. Funding for this program is subject to availability of Tribal resources and budget approval by the Board of Directors.

**Payment:** If the applicant is awarded funding, the payments will be reimbursed or made directly to the school, vendor, or program.

**Application Process:** Please complete the following documents (included in the packet):

- Applicant Information Form
- Funding Acceptance Agreement Form

In addition, please provide the following information:

- Proof of enrollment in school or program
- Proof of expenses (may include invoice from the school or an official letter from the school or vendor stating expenses)

**Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Education Department.**

**Email:** [education@stillaguamish.com](mailto:education@stillaguamish.com)

**Phone:** (360) 631-5592

**Fax:** (360) 360-925-2861

**Mailing Address:**

Stillaguamish Tribe of Indians

**ATTN: Education Department**

P.O. BOX 277

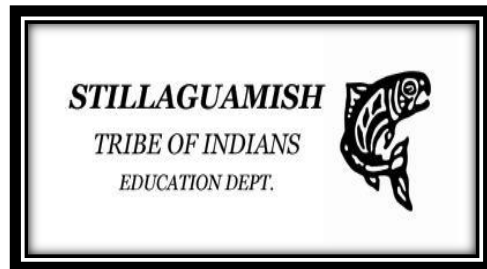
Arlington, WA 98223

**Stillaguamish Tribe of Indians Education Department**

**K-12 Fees & Expenses Application Packet**

**Arts, Academics, Athletics, & Music Application**

**Funding Acceptance Agreement**



**Initial each section after reading**

\_\_\_\_\_ I hereby agree that my child enrolled in the school indicated on this application agrees to follow the rules, regulation, and attendance requirements of the school. I further agree that the funds issued to me for educational purposes will be used solely for such purposes.

\_\_\_\_\_ I understand that if my child does not enroll in the program/school or withdraws from program/school before the period that is being awarded funding by the tribe for any reason, or otherwise fails to complete program/school during the period being awarded funding, I will be required to reimburse funds and I will not be eligible for additional funding until the amount is paid in full.

\_\_\_\_\_ I hereby consent to release any information pertaining to grades, financial aid, admissions applications and required documentation for education benefits/scholarships.

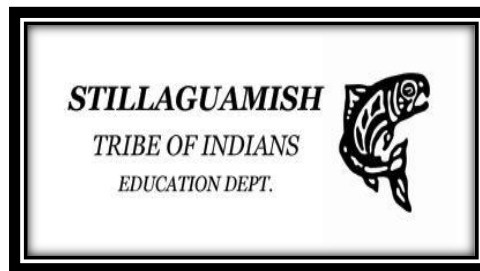
Any funding received through the Stillaguamish Tribe Education Department shall be deemed a tribal member benefit. These benefits will be received based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Stillaguamish Tribe of Indians reserves the right to reject requests for funding, or to request reimbursement, in accordance with departmental and Tribal policies. The Tribe reaffirms that it does not waive its sovereign immunity with respect to any aspect of the Stillaguamish Tribe of Indians Education Department activities.

**I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.**

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

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

**Stillaguamish Tribe of Indians Education Department  
 K-12 Fees & Expenses Application Packet  
 Arts, Academics, Athletics, & Music Application  
 Applicant Information Form**



**Parent/Guardian Information:**

First Name:	Last Name:
Address:	City:
State:	Zip Code:
Phone Number:	Email:
Enrollment Number:	Birthdate:

**Applicant (Child) Information:**

First Name:	Last Name:
Name of School:	Grade Level:
Enrollment Number:	Birthdate:

**Program Information:**

**Note: This is where the check will be sent if award is given**

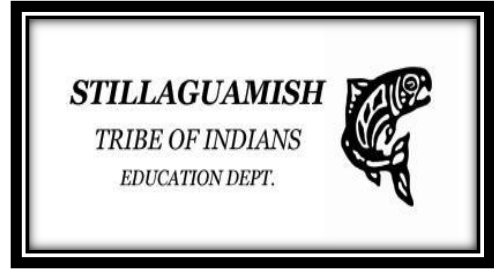
School/Vendor Name:	Phone Number:
Mailing Address:	Physical Address:
Contact Person:	Email:
Amount Requested:	Date Requested By:

**The above information is true and correct to the best of my knowledge.**

\_\_\_\_\_

**Parent/Guardian Signature** **Date**

**Stillaguamish Tribe of Indians Education Department**  
**K-12 Fees & Expenses Application Packet**  
**Arts, Academics, Athletics, & Music Application**  
**Applicant Information Form**



**FOR OFFICIAL USE ONLY**

Check the following boxes when forms are received.

- Applicant Information Form (in this packet)
- Applicant Funding Acceptance Agreement Form
- Proof of expenses (Invoice, Receipt, Etc.)
- Copy of class schedule

Reviewed By:	Date:
Director Approved By:	Date: