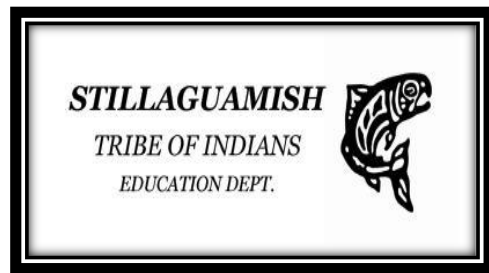


**Stillaguamish Tribe of Indians Education Department
K-12 Tutoring Assistance Application Packet**



Name of Applicant: _____ **Date:** _____

Purpose: The Tutoring Assistance program was developed to help families with the costs associated with academic tutoring.

Eligibility: To receive benefits for tutoring assistance the child recipient must be listed as the biological child of an enrolled Stillaguamish Tribal Member and must be an enrolled student in a K-12 school.

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. Payments will be issued upon the submission of a progress report to the Education Department, no less than twice a year, and no more often than once per month. The recipient may use the progress report template provided or one developed by the vendor, school, or program.

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

- Applicant Information Form
- Statement of Academic Goals for Tutoring
- 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

Phone: (360) 631-5592

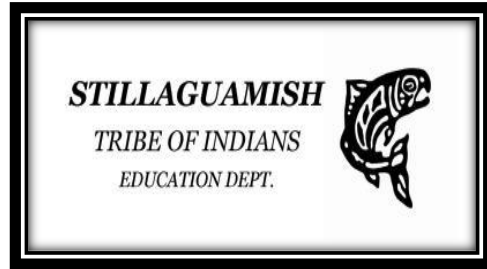
Fax: (360) 360-925-2861

Mailing Address:

Stillaguamish Tribe of Indians
ATTN: Education Department
3322 236th ST NE
Arlington, WA 98223



Stillaguamish Tribe of Indians Education Department
K-12 Tutoring Assistance Application Packet



Initial each section after reading

_____ I hereby agree that my child will attend the tutoring program for the hours indicated on this application and agree to the following rules, regulations, and attendance requirements for the tutoring program. I further agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I understand that if these funds are not used solely for the purpose of tutoring, I will be required to **REIMBURSE** all awarded funds to the Stillaguamish Tribe and will not be eligible for additional funding until the amount is paid in full.

_____ I understand that if my child does not attend or withdraws before the date indicated in this packet, or otherwise fails to comply with the tutoring assistance agreement that is being awarded, I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

_____ I will use all funds I receive under the Stillaguamish Tribe K-12 Assistance Program solely for those expenses connected with the school indicated. I certify that the above information is true and correct to the best of my knowledge.

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.

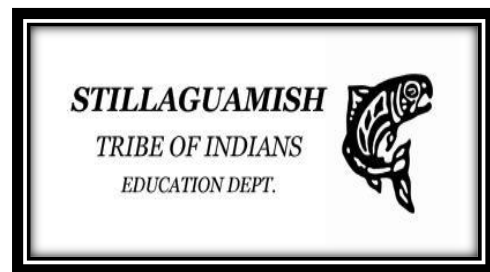
I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Parent/Guardian Signature _____
Date

Education Department Confidentiality Statement: "Stillaguamish Tribe of Indians is committed to the principles of data protection with a view to ensuring the individual's rights to confidentiality, information contained in student, employee and member records will be maintained in a confidential manner at all times".



**Stillaguamish Tribe of Indians Education Department
K-12 Tutoring Assistance Application Packet**



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:

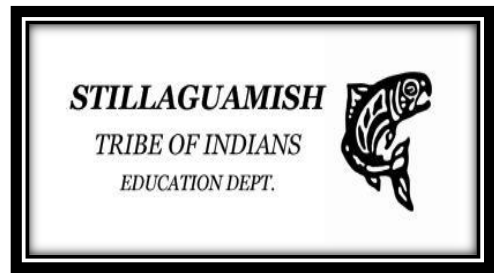
Note: This is where the check will be sent if award is given

Tutoring/Vendor Name:	Phone Number:
Mailing Address:	Email Address:
Start Date:	Number of Hours/Month
Hourly Tutoring Cost:	Total Amount Requested:

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

Parent/Guardian Signature _____
Date





Statement of Academic Goals for Tutoring

Applicant's may use this Statement of Academic Goals or attach a vendor's form as long as it includes the requested information below.

Student Name: _____ Student Age: _____

Tutor/Vendor Name: _____ Tutor Email: _____

Tutor/Vendor Address: _____

What will tutoring help the student achieve?

How will you measure whether the student has achieved that goal?

Note: If the student is receiving tutoring services from a contracted vendor, that vendor is required to provide a progress report to the Stillaguamish Tribe Education Department (STED) quarterly, or any time upon request.

Parent Signature: _____ **Date:** _____

Tutor Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Reviewed By:	Date:
Director Approved By:	Date:

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