

2019-2020
Student Support Program
VISA GIFT CARD
4K-12th Grade Students
June 3- Sept 27



FOR OFFICE USE ONLY	
Date Issued: _____	
Card #: _____	
Sec Code: _____	Exp: _____

Student Information

Student's Full Name:		
Please indicate child's Tribal Affiliation:	<input type="checkbox"/> Tribal Member Roll #: _____	<input type="checkbox"/> First Generation (Letter must be submitted)
Name of school attending in the upcoming school year:		
Date of Birth:	Age:	Grade Entering:
Did the child participate in the school supply program last year? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Guardian Information

<u>Tribal Member</u> Parent Name:	Tribal Member Parent Roll #:	
<u>Primary</u> Custodial Parent:	Date:	
Mailing Address:		
City:	State:	Zip Code:
(You will be called or emailed when your card is ready to be picked up.) Phone:	(You will be called or emailed when your card is ready to be picked up.) Email:	
How do you want to receive your reimbursement gift card?		<input type="checkbox"/> Mail <input type="checkbox"/> Pick Up

The Student Services Program objective is to help provide the basic school needs of enrolled Tribal Member children and First Generation descendants of Tribal Members from 4K (4 years old) thru 12th grade. Child must be four years old by September 1, 2019. Failure to provide supporting documents will result in application being returned. This program will operate June 3rd –September 27, 2019. All applications and supporting documents must be submitted by 5:00 pm on September 27, 2019 or postmarked by September 27, 2019. A \$300.00 visa card will be issued for the purchase of school clothing, school supplies and/or school fees. To participate in the computer reimbursement portion of this program you must also complete page 2 and 3 of the application and submit or postmark the original computer receipt and application by 5:00 pm on September 27, 2019.

- The following must be submitted with each application:
- Student's last report card from the 2018-2019 school year required
 - Indian Descent Letter if applicable (You don't have to submit a new copy every year)
This letter can be obtained by contacting the Tribal Enrollment Office at (251) 368-9136 ext. 2281.
 - Legal documents stating custody/guardianship of student if applicable

If I anticipate there may be a custody dispute regarding payment of this benefit, I understand it is in my best interest to submit a child custody court order as supporting documentation. If no custody information is submitted, the benefit will be given to the parent signing the application. Award of benefit decisions will be made based on the information submitted and available at the time the application is processed.

I certify that I am the primary legal guardian of the child listed on this application, and that I have the legal right to apply for and receive this benefit. If I sign for and receive this benefit fraudulently, I understand that I will be prosecuted by the Poarch Band of Creek Indians.

Signature of Primary Legal Guardian of child listed on application

Date



Student Support Program **COMPUTER REIMBURSEMENT ONLY**

4K-12th Grade Students June 3- September 27

Guardian Information

Tribal Member Parent Name: _____		Tribal Member Parent Roll #: _____	
Primary Custodial Parent: _____		Date: _____	
Mailing Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: _____		Email: _____	
Have you received a computer reimbursement in the past 4 years?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Household Student Information

Please list all **TRIBAL** children who are in PreK-12th Grade that live in your household:

- | | |
|----------------|----------------------|
| 1. Name: _____ | Date of Birth: _____ |
| 2. Name: _____ | Date of Birth: _____ |
| 3. Name: _____ | Date of Birth: _____ |
| 4. Name: _____ | Date of Birth: _____ |
| 5. Name: _____ | Date of Birth: _____ |
| 6. Name: _____ | Date of Birth: _____ |

The computer reimbursement program objective is to help provide a computer device for every household that has a Tribal Member student or First Generation student from 4K (4 years old) thru 12th grade every 4 years. This program is part of the student support program that operates June 3rd through September 27th. **The original computer receipt and notarized bank form must be submitted or postmarked by 5:00 pm on September 27, 2019.** Computer reimbursement is up to \$600.00 and will be directly deposited into your banking account within 45 days.

If I anticipate there may be a custody dispute regarding payment of this benefit, I understand it is in my best interest to submit a child custody court order as supporting documentation. If no custody information is submitted, the benefit will be given to the parent signing the application. Award of benefit decisions will be made based on the information submitted and available at the time the application is processed.

I certify that I am the primary legal guardian of the child listed on this application, and that I have the legal right to apply for and receive this benefit. If I sign for and receive this benefit fraudulently, I understand that I will be prosecuted by the Poarch Band of Creek Indians.

Signature of Primary Legal Guardian of child listed on application

Date

For COMPUTER REIMBURSEMENT you must submit or postmark pages 1-3 and the ORIGINAL computer receipt by 5:00 pm on September 27, 2019.

Completed application & original computer receipt must be submitted or postmarked by 5PM on September 27, 2019!
Fax: (251) 368-0809 Email: schavira@pci-nsn.gov Address: 5811 Jack Springs Road, Atmore, AL 36502



Student Support Program **COMPUTER REIMBURSEMENT ONLY**

4K-12th Grade Students
June 3- Sept 27

Tribal Member

Tribal Roll

Parent Name: _____ Number: _____

Name of Account Holder: _____

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Poarch Band of Creek Indians** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Poarch Band of Creek Indians** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Poarch Band of Creek Indians** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Poarch Band of Creek Indians** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Tribal Member Benefits Department.

Account Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____

Money Market

Account Number: _____

Checking

Savings

Notarized Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Signed before me on this _____ day of _____, _____.

Notary

My Commission Expires _____

PLEASE ATTACH VOIDED CHECK!

For COMPUTER REIMBURSEMENT you must submit or postmark pages 1-3 and the ORIGINAL computer receipt by 5:00 pm on September 27, 2019.