



**Poarch Creek Indians  
Student Support Program  
VISA GIFT CARD  
PreK-12<sup>th</sup> Grade Students  
July 1- Sept 30**

**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**

<b><u>Tribal Member</u></b>		Tribal Member
Parent Name:		<b>Parent</b> Roll #:
<b><u>Primary</u></b>		Date:
Custodial Parent:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	
How do you want to receive your reimbursement gift card? <input type="checkbox"/> <b>Mail</b> <input type="checkbox"/> <b>Pick Up</b>		

The Student Services Program objective is to help provide the basic school needs of enrolled Tribal Member children and descendent of Tribal Members from Prekindergarten (4 years old) thru 12<sup>th</sup> grade. Failure to provide supporting documents will result in application being returned. This program operates July 1<sup>st</sup> through September 30<sup>th</sup>. All applications for the new school year must be submitted by the deadline. A \$300.00 visa card will be issued for the purchase of school clothing, school supplies and/or school fees.

The following must be submitted with each application:

- Proof of School Enrollment (last report card, letter from school, etc.)
- 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

I certify that I am the primary legal guardian of the child listed on this application and all information above is true. If any other information comes forward that proves I am not the primary legal guardian of the child I understand that charges may be brought against me and I will have to repay \$300.00 to the Tribe. I understand that this program is a benefit to me and my child and I will not misuse this program.

\_\_\_\_\_  
Signature of Primary Legal Guardian of child listed on application

\_\_\_\_\_  
Date

**For COMPUTER REIMBURSEMENT you must complete page 1, 2, and the notarized bank form.**