



## DELAWARE TRIBE OF INDIANS Education Department

170 NE Barbara ~ Bartlesville, OK 74006  
TELEPHONE: (918) 337-6595 – FAX: (918) 337-6591

### ATHLETIC ASSISTANCE (6<sup>th</sup> Grade & UP)

*Limit: One request per fiscal year/per academic school year per Registered Tribal Member*

Athletic Assistance can be used for expenses related to school athletics such as football, basketball, PE, etc. (NOTE: It is not for summer sports equipment such as summer league baseball).

#### Application Procedure:

1. Complete application
2. Return application to the Education Department
3. **ORIGINAL RECEIPT** of purchased Athletic Assistance
4. Copy of applicant's Delaware Registration Card, **(NO EXCEPTIONS, CANNOT USE PARENT'S REGISTRATION CARD)**

The application will be reviewed at the next regularly scheduled monthly Education Committee meeting. If approved, a check for the amount of the submitted expense (not to exceed \$50.00) will be mailed to the registered tribal member or the registered tribal member's parent.

**Applications are approved on a case-by-case basis.**

***Only Registered Delaware Tribe of Indians members\* are eligible for services.***

**Non-registered tribal members are not eligible!**

**ANY** registered tribal member of the Delaware Tribe of Indians purposely attempting to defraud the Education Committee will be ineligible for any Education Programs for a period of one (1) year.

\*Registered Delaware Tribal member as defined in the Trust Document, Article 1 – membership. (Trust Board Education ordinances, Purpose 100, Requirements. Trust Funds Master Plan III).

Athletic assistance must be used for expenses related to **school athletics** such as:

- Football
- Track
- Basketball
- Cheerleading
- PE
- Wrestling
- Archery

**Summer League Sports/Activities DO NOT qualify for Athletic Assistance.**



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**ATHLETIC ASSISTANCE REQUEST (6<sup>th</sup> GRADE & UP)**  
*(Annual limit of \$50.00 per registered Tribal member)*

**Full Name:** \_\_\_\_\_

*Last*

*First*

*M.I. Maiden*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State & Zip** \_\_\_\_\_

**Telephone:**(        ) \_\_\_\_\_

**Tribal Registration Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
MM/DD/YYYY

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**School:** \_\_\_\_\_

**\*ATTACH ORIGINAL RECEIPTS AND ANY OTHER SUPPORTING DOCUMENTATION TO APPLICATION\***

All of the information on this form is true and complete to the best of my knowledge.  
Any funds received under false pretenses will be repaid to the education account within 30 days.

\_\_\_\_\_  
**Signature of applicant**

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

\_\_\_\_\_  
**Signature of parent/guardian**

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

**TO BE COMPLETED BY EDUCATION COMMITTEE**

**Request approved by:** \_\_\_\_\_

**Date approved:** \_\_\_\_\_

**Amount approved:** \_\_\_\_\_

**Request denied by:** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_

**Date paid:** \_\_\_\_\_

**Check number:** \_\_\_\_\_