



DELAWARE TRIBE OF INDIANS

Education Department

170 NE BARBARA – Bartlesville, OK 74003

TELEPHONE: (918)337-6595 – FAX: (918) 337-6591

REQUEST FOR DRIVERS EDUCATION ASSISTANCE

Limit: One request per fiscal year per Registered Tribal Member (Max. \$75)

Driver's Education assistance can be used to help defray costs of attending driver's education classes through an accredited training facility. The assistance will be made based on funding availability.

The student will be responsible for any costs incurred not covered by this assistance. Payment will be made directly to the training facility or by reimbursement to the registered Tribal member upon verification of enrollment and cost, whichever the case may be.

Application Procedure:

1. Complete the application on the reverse side of this form
2. Return the **application, registration verification, and a cost estimate** to the address shown above. Attention Education Department
3. Submit a copy of the Delaware Registration Card of the applicant.
4. Official proof of completion of driver's education class.

The application will be reviewed at the next regularly scheduled Education Committee meeting. If approved, a check for the amount of the submitted expense (not to exceed \$75.00) will be mailed to the training facility or by reimbursement to the registered Tribal member upon verification of enrollment and cost, whichever the case may be.

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).

DRIVERS EDUCATION ASSISTANCE APPLICATION

(Annual limit of \$75.00 per registered Tribal member)

Date: _____

Full Name: _____
Last First M.I. Maiden

Address: _____
City State Zip

Telephone: _____

Tribal Registration Number: _____

Date of Birth: _____ **SSN:** _____
MM/DD/YYYY

Institution Name _____

Mailing address _____

Phone number _____

Contact person _____

I attest that 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. I understand I must submit documentation of the grade report or certificate of completion. If I do not complete the training I am responsible for payment to the training center.

Applicant's Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

TO BE COMPLETED BY EDUCATION COMMITTEE

Request approved by: _____

Date approved: _____ Amount approved: _____

Request denied by: _____

Reason for denial: _____

Date paid: _____ Check number: _____