



# SNOQUALMIE INDIAN TRIBE

## EARLY EDUCATION BENEFIT APPLICATION

YOUR CHECK LIST	
NECESSARY DOCUMENTS	CHECK HERE
I have completed the Benefit Application Packet.	
I have included current proof of course, program, or sport enrollment	
<i>If requesting reimbursement, I have included the original itemized receipt.</i>	
<i>If requesting payment to school or program, I have included the tuition statement, and W-9 for the school or program</i>	
<i>If requesting assistance for tutoring, I have included the Tutor Supplement Form, W-9 for the tutor or program. And if I have a private tutor I have included their credentials.</i>	

**PURPOSE:** The Snoqualmie Indian Tribe Early Education benefit was developed to give Tribal children better access to educational opportunities by assisting Tribal families with pre-school education expenses. Awarding of this Benefit does not constitute enrollment in the Snoqualmie Tribe.

### ADULT APPLICANT PARENT/GUARDIAN INFORMATION:

**First and Last Name:** \_\_\_\_\_

**Enrollment Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**ELIGIBILITY:** All applicants must be biological minor child(ren) of an enrolled Snoqualmie Tribal member. Foster children, stepchildren, adopted children, and Snoqualmie children enrolled in another Tribe are not eligible for this benefit.

**AVAILABLE BENEFIT AMOUNT:** An eligible child in preschool, may receive up to \$15,000 to cover pre-school tuition, fees, and other supplemental educational support expenses. 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 Snoqualmie Tribal Council. All requests must be dated within the current Academic Year to be considered for reimbursement or payment. Upon receiving a complete application, requests may be processed within 14 business days.

### ELIGIBLE EXPENSES:

- School tuition, summer school, tutoring or other supplemental educational support expenses: tuition, registration fees, supplies relevant to the program.
- School affiliated fees and expenses: school photos, class fees, field trip fees, uniform fees, other required fees
  - Childcare of any kind is not an eligible expense



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### STUDENT INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

### PROGRAM INFORMATION

Name of School/Program/Vendor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Name of Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**ACTIVITY DESCRIPTION:** In the space provided below, please label all fees you would like to submit for funding for:

Category	Description of Requested Expense(s)	Fee/Expense amount
School tuition, summer school, tutoring or other supplemental educational support or enrichment expenses		
Registration Fees		
School affiliated fees and expense		

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_ Total Funding requested: \$ \_\_\_\_\_

This request is for (please circle one): Reimbursement OR Payment to Vendor, I've attached their W-9



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### FUNDING ACCEPTANCE AGREEMENT

By signing this agreement, I, \_\_\_\_\_, am acknowledging and agreeing to the following:

Please initial that you understand and agree to the following:

\_\_\_\_\_ I hereby agree that my child is enrolled in the school/program indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school/program. I further agree that the funds issued to me for these educational purposes will be used solely for such purposes.

\_\_\_\_\_ I understand that I am required to disclose any and all financial aid, benefit benefits, tuition waivers, etc. upon receiving them. I understand that if I fail to fully and completely report the financial aid, scholarships, and other benefits I received, I will be required to REIMBURSE benefited funds to the Tribe and I will not be eligible for additional funding until the amount is paid in full.

\_\_\_\_\_ I understand that if my child is not enrolled in school/program, withdraws from school before the period that is being benefited funding for by the Tribe is over for any reason, or otherwise fail to complete school during the period being benefited funding, I will be required to REIMBURSE benefited funds and I will not be eligible for additional funding until the amount is paid in full.

\_\_\_\_\_ I understand and agree that I may be required to provide the Education Department with additional information or documentation to receive funding. I agree that I will provide updated contact information including mailing address, phone and email address to the Education Department whenever they change. I further understand and agree to mail, email or fax required follow up papers or documentation in a timely manner to receive initial funding and continued funding.

\_\_\_\_\_ FOR REIMBURSEMENT ONLY - I understand that I am required to turn in all original receipts and all receipts must:

- be readable and in good repair
- be clearly individually identified per student
- be dated between **July 1 and June 30** of the current Academic Year.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement. I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in a payment which I am not entitled to.

\_\_\_\_\_  
*Parent/Guardian Signature*

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



# SNOQUALMIE INDIAN TRIBE EARLY EDUCATION BENEFIT APPLICATION

## STUDENT RELEASE OF INFORMATION FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) FORM

The Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, 34 C.F.R. Part 99 is a federal law that protects the privacy of financial and academic student education records. Generally, schools must have written permission from the parent or eligible student (if over 18 years of age) in order to release information from a student's education record.

The applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is for determining eligibility for Tribal educational benefits and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining K-12 education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals in compliance with all applicable laws.

I, \_\_\_\_\_ hereby authorize  
(Student or Parent/Guardian requesting release, print full name)

\_\_\_\_\_ to release any and all of the following information  
(Program/School/University)

over the period of \_\_\_\_\_ to the Snoqualmie Indian Tribe Education Department:  
(Academic Year)

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

*By signing below, I consent to the release of the student information listed above to the Snoqualmie Indian Tribe Education Department. I acknowledge that this release is valid for the Academic Year listed above at the program listed above or until I have revoked this release in writing.*

\_\_\_\_\_  
(Student or Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Please Note: FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.*