

# Snoqualmie Indian Tribe Education Department

## Adult Educational Enrichment Activities Benefit Application Packet

### Cover Page



**Purpose:** The Adult Educational Enrichment Activities Benefit was developed to help adults with the costs of continuing education and educational enrichment opportunities.

#### Covered Activities (including but not limited to):

- Arts & Music classes
- Continuing Education classes
- Training & Conference fees

\*Please note: Fitness and other recreation fees are covered by the Traditional, Culture and Recreation (TCR) program

**Eligibility:** To receive this benefit the applicant must be an enrolled member in the Snoqualmie Indian Tribe on the 2004 base rolls, the 2010 voters list or the 2012 voters list.

**Available Award Amount:** An eligible applicant may receive up to \$3,000 per academic year for educational enrichment activity expenses and fees, including up to \$1000.00 for supplies related to those activities. The academic year, regardless of school or program, is defined as July 1 – June 30. Funding for this program is subject to availability of Tribe resources and budget approval by Tribal Council.

**Payment:** If the applicant receives this benefit, the payments will be reimbursed or made directly to the school, vendor, or program.

\*Please note: The Adult Educational Enrichment Benefit is taxable by the IRS and you may receive a 1099 misc. income statement from the Snoqualmie Tribe for the calendar year you receive the award.

#### Application Process:

Please complete the following documents (included in this packet):

- Applicant Information Form
- Funding Acceptance Agreement Form
- Tribal Benefit Recipient Form
- W9 for School or Vendor or person being reimbursed (this is a standard form that provides the Tribe with the vendor's tax ID number)

In addition, provide the following information:

- Proof of enrollment in course or program
- Proof of expense (an invoice from the school or an official letter from the school or vendor stating expenses)

Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Snoqualmie Indian Tribe Education Department:

**Email:** [education@snoqualmietribe.us](mailto:education@snoqualmietribe.us)

**Phone:** (425) 888-6551 x 1119

**Fax:** 206-600-6487

**Mailing Address:** P.O Box 969, Snoqualmie, Washington 98065

**Snoqualmie Indian Tribe Education Department  
Adult Educational Enrichment Activities Benefit Application Packet**



**Applicant Information Form**

<b>Applicant Information:</b>		
First Name:		Last Name:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:		Email:
Birthdate:		Enrollment Number:

<b>Program Information:</b>	
Program /Vendor Name:	
Phone Number:	
Physical Address:	
Mailing Address:	
Contact Person:	Contact's Phone Number:

<b>Extracurricular Activity Description:</b>	
<b>Amount Requested:</b>	<b>Time Period Requested For:</b>
<b>Total Tuition/Cost:</b>	<b>Other Financial Aid Received:</b>

The above information is true to the best of my knowledge.

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**Applicant Signature**

**Today's Date**

**Snoqualmie Indian Tribe Education Department  
Adult Educational Enrichment Activities Benefit Application Packet**



**Funding Acceptance Agreement**

**Initial each section after reading.**

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

\_\_\_\_\_ I understand that if I do not enroll in the course/program, withdraw from course/program before the period that is being awarded funding for by the Tribe is over for any reason, or otherwise fail to complete the course/program during the period being awarded funding, I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

Any funding received through the Snoqualmie Tribe Education Department shall be deemed a Tribal member benefit received based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Snoqualmie Tribe Education Department reserves the right to reject requests for funding, or to request reimbursements, in accordance with Departmental and Tribal policies and procedures. The Tribe reaffirms that it does not waive its sovereign immunity with respect to any aspect of the Snoqualmie Indian Tribe Education Department activities.

***I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.***

\_\_\_\_\_  
*Applicant Signature*

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



# SNOQUALMIE TRIBE TRIBAL BENEFIT RECIPIENT FORM

Name of individual receiving benefit from a Snoqualmie Tribe program: \_\_\_\_\_

Is this individual a minor (under 18 years old)?    Yes                      No

If no, what is the individual's enrollment number? \_\_\_\_\_

If yes, what is the name of their legal guardian (Responsible taxable individual)? \_\_\_\_\_

**If the legal guardian is NOT an enrolled  
Snoqualmie Tribal member:**

Attach a completed W9 form

**If the legal guardian is an enrolled Snoqualmie  
Tribal member:**

Enrollment Number: \_\_\_\_\_

By signing below, I recognize that I have the benefit as stated below and I understand that this qualifies as taxable income under the IRS code:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Official Use Only:

#### Program Administering Benefit

<input type="checkbox"/>	Education
<input type="checkbox"/>	Traditional, Cultural, Recreation
<input type="checkbox"/>	Elders
<input type="checkbox"/>	Emergency Assistance
<input type="checkbox"/>	Other (please describe in the space below)

Benefit Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### How was this benefit issued?

\_\_\_\_ - Reimbursement

\_\_\_\_ - Gift Card: \_\_\_\_\_

\_\_\_\_ - Vendor: \_\_\_\_\_

\_\_\_\_ - Other: \_\_\_\_\_

Additional Information:

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**Snoqualmie Indian Tribe Scholarship Program  
Adult Educational Enrichment Activities Benefit Application Packet**



**Application Checklist**

- 1. Completed Applicant Information Form
- 2. Signed Funding Acceptance Agreement Form
- 3. Signed Tribal Benefit Recipient Form
- 4. Provided a W-9 for the school, vendor, or person being reimbursed
- 5. Provided proof of enrollment in course or program
- 6. Provided proof of expense

Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Snoqualmie Indian Tribe Education Department:

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