



SNOQUALMIE INDIAN TRIBE HOMESCHOOL FUNDING REQUEST FORM

ADULT APPLICANT PARENT/GUARDIAN INFORMATION

First and Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

STUDENT INFORMATION- ENROLLED SNOQUALMIE MINOR

Name: _____ Minor ID#: _____

ACTIVITY DESCRIPTION

In the space provided below, please enter all fees you would like to submit for funding for. Any items listed below must be on your curriculum plan and the plan must be preapproved by the Education Department.

Subject	Description of Requested Expense(s)	Fee/Expense amount

Total Funding requested: \$ _____

This request is for (please circle one): Reimbursement OR Payment to Vendor, I've attached their W-9
I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding
Acceptance Agreement. By signing, I certify the information contained in this application is complete and
accurate to the best of my knowledge. I agree that the Education Department may contact other Tribal
programs for pertinent information as it applies to this application. I agree to repay any funds that the Tribe
deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to
recover misused funds.

Parent/Guardian Applicant Signature

Date