

YOUTH ACTIVITIES COST ASSISTANCE APPLICATION

Name of Tribal Member Youth: _____

Tribal #: _____

Parent / Guardian (requestor): _____

Youth Cost Assistance Request: _____ Sport / Activity
_____ Tournament
_____ Drivers Education
_____ Education (K-12)
_____ Graduation

Requestor's Contact Information

Address: _____

Phone #: _____

Check Arrangements:

Circle One: Mail Check Direct Deposit Pickup at Chehalis Tribal Accounting

Cost Assistance Reconciliation:

Participation Fee Total: \$ _____
+ Equipment Cost Total: \$ _____
+ Clothing Cost Total: \$ _____
+ Other Total: \$ _____
= Total Cost Assistance: \$ _____

Total Cost Assistance Request: \$ _____

+ Previous Cost Assistance Received for CY: \$ _____

= Total Cost Assistance for CY: \$ _____

By signing below, I have read and agree to the terms in the Youth Activities Cost Assistance Policy. I further agree to repay the Youth Activities Program for all costs paid for by the program if my child does not complete the activity. I will not be eligible to request future cost assistance for my child until the repayment is made to the program. The only exceptions to this requirement is if my child is ill or there is a family emergency that prevents participation. I further acknowledge that all reimbursements must be submitted to the program within 90 days dated on receipts and paperwork in order to be eligible for a reimbursement.

Parent / Guardian Signature

Date

[illegible]

[illegible]

[illegible]