



BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION

2024-2025

Applications can be accessed via the Apache Tribe website, requested by mail, or e-mail at lpalmer@kiowatribe.org or lquoetone@kiowatribe.org, or by visiting the Kiowa HHS Building between 8:00 a.m. – 4:30 p.m. Monday – Friday. Applications will be available from Monday, July 22, 2024 through Friday, August 30th, 2024 at 4:30 p.m. **The 2024 Back-to-School Clothing Assistance Program officially ends August 30, 2024 and applications cannot be accepted after this date.**

What is needed for assistance?

Verification of Apache Enrollment: Apache enrollment card or Apache enrollment verification letter.

A CDIB is not acceptable. The child must be an enrolled tribal citizen with an Apache Roll Number.

Verification of School Enrollment: **Applications include a section for school verification and must be signed by a school official. An enrollment letter from the school is also acceptable, if it is on an official school letterhead and signed by an official such as Superintendent, Principal, Administration, JOM Coordinator, or School Counselor.**

What can be purchased?

Gift cards can only be used for school clothing and shoes. We reserve the right to verify purchases through our retail vendor.

Who may apply?

ONLY Parents or legal guardians may apply/sign for Back-To-School Assistance.

No other family member can apply, nor pick up for an eligible child, unless they have legal/guardianship and notarized written consent from the parent. NO EXEPTIONS. The child must be **enrolled** Apache citizen and enrolled for the 2024-25 academic year, ages 5-18 years old. (Must be 5 years on or before Sept. 1st) Back To School Clothing Assistance varies year to year and is based on available funds. It is not guaranteed. One application must be COMPLETED for each Apache enrolled student ages 5- 18 years old.

Valid ID is required upon card pickup.

Handle gift card(s) as if it were personal credit card, check, or cash. Lost or stolen cards **CANNOT** be replaced.



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PLEASE PRINT CLEARLY

Name of Parent/Guardian applying for assistance:

First Name: _____ Middle Int. _____ Last Name: -

Physical Address: -

Mailing

Address: _____

City: _____ State: _____ Zip

Code: _____

Phone #: _____ Email:

Is this address the same for the child listed below?

Child's Full

Name: _____

Child's Apache Enrollment Number: _____

Child's DOB: _____ Grade Level (Fall 2024): _____

Child's Age as of September 1, 2024: _____

This statement certifies that all of the information that I submitted on this application is true. I grant permission for photography and/or videography of me and my child(ren) by participating in the Apache Tribe's Back-to-School Program for the purpose of public relations, advertisement, and tribal program promotion. I am the parent or legal guardian of an enrolled Apache Tribe citizen, who resides in my household. I am responsible for the use of the gift card for its intended purpose. This assistance is pandemic era, as well as the challenges of inflation. I



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agree with this statement and understand that applying under false pretenses or misuse of this assistance will result in a period of ineligibility for my household and will prevent me from receiving any further assistance from the Apache Tribe, and/or any of its affiliated programs.

Parent/Guardian Signature:

_____ Date: _____

_____ Staff Use Only:

Verified By: _____ Apache Tribal Enrollment: []

DOB: []

PLEASE READ CAREFULLY: The bottom section of this form must be filled out by a school official (e.g. counselor or administrator) Verification letters of enrollment on official letterhead are also acceptable. A verification letter must be on file for each student eligible for assistance.

Part 1 – Must be completed by Parent/Guardian PLEASE PRINT

STUDENT First Name: _____ Middle Int. _____ Last

Name: _____

Student DOB: _____ Student's Grade(fall '24): _____

Physical Address: _____ City: _____ State: _____ Zip

Code: _____

Mailing Address (if different from physical address): _____

Student lives in household with: Mother [] Father [] other/independent []

MOTHER'S NAME

First: _____ Last: _____ Phone

#: _____

FATHER'S NAME

First: _____ Last: _____ Phone

#: _____



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Name of School: _____ Name of

District: _____

Name of J.O.M. or Indian Education Coordinator, if

any: _____

[] AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE

INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE APACHE TRIBE FOR BACK-TO-SCHOOL ASSISTANCE PROGRAM.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

Part 2- Must be completed by School Official

I verify that the above named student, _____, is enrolled for the upcoming 2024 – 2025 academic year at the following school:

PRINT NAME OF SCHOOL OFFICIAL

JOB TITLE

CONTACT #

SIGNATURE

DATE