K-12 BACK TO SCHOOL ASSISTANCE APPLICATION

SCHOOL YEAR 2020-2021

Beginning July 29th, applications can be accessed via the Kiowa Tribe website, requested by mail/email, or picked up from the Kiowa Tribe Complex or the Anadarko Higher Education/Social Services office. No applications will be distributed before this date.

Distribution Information:

The Kiowa Tribe has determined that enrolled children will receive:

- $50.00 Walmart Gift Cards

What is needed for assistance?

Verification of Kiowa enrollment: Kiowa enrollment card or Kiowa enrollment verification letter. A CDIB will not be acceptable. The child must be an enrolled Kiowa tribal citizen with a Kiowa Roll Number.

Verification of School Enrollment: We will accept a letter from the school as long as it is on the school’s letterhead and signed by a school official such as Superintendent, Principal, Secretary, JOM Counselor, or School Counselor. Applicants may also use the designated form in the application. If the student is over 18, a letter of explanation must be submitted explaining the student’s situation.

What can be purchased?

Gift cards can be used for school supplies, to include safety equipment (masks, gloves, etc.) and/or food.

Receipts are required to be turned in to the Higher Education/Social Services office within 60 days from receipt of the gift card. We do not need the physical gift card returned, only receipts. Parents or Legal Guardians must ensure your child’s receipts are returned by the designated timeframe allowed. Children whose receipts have not been turned in will be ineligible for Back to School Assistance for the 2021-2022 School Year.

Who may apply? To mitigate confusion during the distribution process, ONLY Parents or Legal Guardians may apply/sign for Back to School Assistance. If a family member such as a grandparent, aunt, uncle, sibling, etc. is applying/picking up for an eligible child, they must have legal custody/guardianship or a notarized written consent from the parent. No exceptions. Children must be enrolled citizens of the Kiowa Tribe.
BACK TO SCHOOL ASSISTANCE APPLICATION
SCHOOL YEAR 2020-2021

PARENT/GUARDIAN OR CHILD OVER 18 YEARS OF AGE INFORMATION:

First ___________________ Middle _______________ Last __________________

Physical/Mailing Address:

Street ___________________ City _______________ State _______ Zip Code ______

Email Address: ___________________ Contact Phone #: __________________

SCHOOL SITE INFORMATION:

Please check all that describe the student learning sites for the 2020-2021 academic year:

  o  Public School
  o  Private School
  o  Home School
  o  Other/Describe _________________________________

Name of School Attending: ____________________________________________

Grade: ____________  **Attach enrollment verification from school with this application.

STUDENT INFORMATION:

Kiowa Roll ID#: ______________

First ___________________ Middle _______________ Last __________________

Date of Birth: Month _______________ Day _______ Year ___________

By signing this application, I certify under penalty of law that I am a custodial parent or legal guardian of
the child for whom this education assistance is being requested. I further verify that all information
submitted in this form is true and accurate. I accept the Terms and Conditions and agree to use the Back
to School Assistance for the intended purpose stated within this application for the student reported.

Signature of applicant: _____________________________________________

If you have any questions regarding eligibility or submission, please call 405-654-6324/4080 or email
highered@kiowatribe.org or ss@kiowatribe.org.

STAFF USE ONLY:

Gift Card#: ___________________ Check #: __________ Location: __________

Staff Initials: _______ Staff Department: __________________________ Date: __________
VERIFICATION OF SCHOOL ENROLLMENT
2020/2021 ACADEMIC YEAR

PLEASE READ CAREFULLY:

This form must be filled out by a school counselor or administrator. Verification forms from educational institutions are also acceptable. A verification of enrollment form must be on file for each student before financial assistance can be processed.

STUDENT NAME:

(PLEASE PRINT) FIRST NAME LAST NAME

DATE OF BIRTH: _____/_____/_______ GRADE: __________________

PARENT NAME (IF STUDENT IS UNDER 18):

(PLEASE PRINT) FIRST NAME LAST NAME

AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA TRIBE HIGHER EDUCATION DEPARTMENT.

APPLICANT/PARENT SIGNATURE: ________________________________ DATE: __________

DEAR SCHOOL OFFICIAL:
Please verify the student named above is enrolled at your education institution.

I verify the above named student, ________________________________, is enrolled for the upcoming 2020-2021 academic year at ________________________________.

PLEASE PRINT NAME OF SCHOOL

________________________________________

(PLEASE PRINT) NAME OF SCHOOL OFFICIAL JOB TITLE CONTACT NUMBER

________________________________________

SIGNATURE DATE