



## YAKAMA NATION REVENUE ALLOCATION PLAN

### FULL TIME STUDENT CHECK LIST

The Revenue Allocation Plan (RAP) Full-Time Student Fund (FTS) checklist will help complete the FTS application. Please check each box to verify you have all the following documents before returning:

- Must complete FTS application** (*verify all information, spaces are complete and signed*).
- Must provide copy of student's Yakama Nation Certificate of Indian Blood (CIB) or enrollment card.**
- Parent or guardian must be Yakama enrolled and provide a copy of his/her Yakama Nation enrollment card.**
- Legal guardians must provide a copy of legal guardian documentation.**
- Must provide appropriate school proof for each scheduled quarter** (*Pre to 12<sup>th</sup> Grade & GED require attendance records for each scheduled funding quarter, College or Higher Education require grades for each scheduled funding quarter*).
- Student's enrollment number must be documented on school proof for each funding quarter.**

Please contact the RAP Office if there are additional question on the application process by telephone 509-865-5121 extension 4419, 4424, or 4421 or write to address below.

# Yakama Nation Full-Time Student Distribution Application

**Section 8 Use of NET Gaming Revenue; Enrolled Full-Time Students:** The Tribal Council hereby allocates SEVEN AND HALF PER CENT (7.5%) of Net Gaming Revenue to provide funding for FULL-TIME Students to assist with clothes, and/or expenses. **DEFINITION:** *Full-time* Student means enrolled Yakama Nation Tribal members, who are enrolled and attending pre-school through twelfth grade or who are enrolled and attending *full-time* in any post secondary educational institution. **REQUIRED:** Complete application, student's Yakama Certificate of Indian Blood (CIB), legal guardian's current identification, and school proof (*ATTENDANCE RECORDS for pre-school-12<sup>th</sup>; GRADES for higher education*). **QUESTIONS:** Call 509-865-5121, extension 4419, 4420, 4421 or 4424; fax 509-865-2331; email fts\_rap@Yakama.com. **LOCATION/ADDRESS:** YN Agency, Attn: RAP, Rm. 126, POB 151, Toppenish, WA 98948.

## Applicant Information:

Application Purpose (**check box**):  New  Address Change  Legal Guardian Change  School Change  Other: \_\_\_\_\_

Student's Grade Level (**Please Circle One**):            Pre-school            K thru 8<sup>th</sup>            9<sup>th</sup> Thru 12<sup>th</sup>            College

Student's Name:

Student's Date of Birth:

Student's US-SSN:

Student's Yakama Enrollment #:

\*LEGAL GUARDIAN'S NAME (PAYEE for minor under 18):

Guardian's Date of Birth:

Guardian's US- SSN:

Guardian's Yakama Enrollment #:

Current Mailing Address (City, State, & Zip):

Home Phone:

Cell Phone:

Work Phone (Ext.):

Email Address:

Fax number:

## Pre-School – 12<sup>TH</sup> GRADE and GED Information (highlighted area optional):

School Attending:

Grade Level:

School Address:

City:

State:

Zip Code:

Phone:

E-mail:

Fax:

## College, Other Higher Educational Institutions (highlighted area optional):

Grade Level (Check one): ( ) Freshman    ( ) Sophomore    ( ) Junior    ( ) Senior    ( ) Graduate/Masters/Doctorate

Higher Educational Institution Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Fax:

## Signature (read, check boxes, sign and date):

I certify that all information submitted in the Full Time Student process –including application, W-9, certificate of Indian blood, current identification, and supporting educational materials-is my own, factually true, and honestly presented. I authorize review of my application for the Full Time Student distribution indicated on this form. I understand that I may be subject to a range of disciplinary actions, including full time student revocation or expulsion, should the information I've certified be false.

I acknowledge that I have reviewed the application instructions for this application. I also affirm that I agree and will send attendance and/or grades which ever applies to me for **each quarter**.

APPLICANT and /or LEGAL GUARDIAN SIGNATURE:

DATE:

\*Proof of Legal Guardianship is required if not parent.