



Educational Assistance



Youth Information:

Legal Name (First, Last): _____

Tulalip Tribal Member Enrollment #: _____ Age: _____

School: _____ Grade: _____

School Address: _____

Parent/Guardian Information:

Legal Name (First, Last): _____

Signature: _____

Phone Number: _____

Mailing Address: _____

Please Select One:

Mail

Pick Up

Funding Request:

*new vendors will need to provide Youth Services with a W-9

Vendor: _____

Vendor Address: _____

Total Amount Requested: \$ _____ *Please attach invoice.

Private School *does not include uniforms

Home School

Tutorial

Credit Retrieval

Summer School

Office Use Only:

Date Received: _____

Staff Initials: _____

Coordinator Signature: _____

Approved

Executive Signature: _____

Approved

Requisition: _____

Starting Balance: _____

Date: _____

Requested Amount: _____

Initials: _____

Present Balance: _____