



COVID Impact Funding for K-12 Students

PLEASE ATTACH A COPY OF TRIBAL IDs FOR ALL LISTED ON APPLICATION

One stipend per student, one time only

OFFICE USE ONLY:
Application Received:
Name: _____
Date: _____
Received By: _____

Program Funding Name: _____

PARENT INFORMATION:

Parent #1 Name: _____ Tribal ID #: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Parent #2 Name: _____ Tribal ID #: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

STUDENT(S) INFORMATION: List the children living in the home.

First Name	Last Name	Grade	Birth Date	Tribal ID #	School

APPLICATION CERTIFICATION: I certify that all information provided in this application is true, complete and accurate to the best of my knowledge. I authorize the Tulalip Tribes to verify all information provided on this application. I understand that supplying false information may result in denial and/or termination of assistance.

Parent Signature: _____

Date: _____