



# 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\* (\$10,000) \*does not include uniforms

Home School (\$10,000)

Tutoring (\$6,000)

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: \_\_\_\_\_