



# Graduation



## Youth Information:

Legal Name (First, Last): \_\_\_\_\_

Tulalip Tribal Member Enrollment #: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## 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

\$600 Graduation Supplies \*please provide an invoice

Vendor: \_\_\_\_\_ Total: \$ \_\_\_\_\_

\$500 Graduation Stipend with an attached GED or High School Diploma

Please check the following services that you used over the years:

Tulalip Montessori

Private School Funding

Activity Fees & Camp Fees

Tulalip Daycare

Tutorial Services

Cultural Activities

Tulalip ECEAP

Johnson-O'Malley (JOM)

Participated in Sports: (list)

Tulalip EHS

Music Lessons

Tulalip Boys & Girls Club

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:	Date Received:	Staff Initials:
Coordinator Signature: _____		<input type="checkbox"/> Approved
Executive Signature: _____		<input type="checkbox"/> Approved
Requisition: _____	Starting Balance: _____	
Date: _____	Requested Amount: _____	
Initials: _____	Present Balance: _____	