TULALIP TRIBES YOUTH SERVICES FINANCE

6406 Marine DR Tulalip, WA 98271 *2nd Floor New Admin
(360) 716-4920 - fax (360) 716-0616 - email tnelson@tulaliptribes-nsn.gov

Universal Youth Services Application

Student Name _____ Enrollment # _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

School/Activity _____

◯ **Athletic Fee -** Clothing/Shoe Voucher *Mark (1): ☐NIKE ☐Footlocker ☐Big 5 ***$45.00 Pre-3 & $90.00 4-12**

Choose Semester ◯ **1st Quarter** Jan. 1st - Apr. 1st ◯ **2nd Quarter** May 1st - Aug. 1st ◯ **3rd Quarter** Sept. 1st - Dec. 31st

◯ **Activity Fee -** Extracurricular Recreation Activities & Variety of Lessons

◯ **Camp Fee -** Sport Camps or General Summer Camp

◯ **Youth Travel -** * Please Attach Proper Back-Up & Youth Travel Form

◯ **Enrichment -** * Attach a Purpose with this request along with a W-9 Form & Enrichment Form

◯ **Regional / Nation Level Sponsorship -** *Must attach attach letter from parent or guardian why the money is needed, proof of participation at a regional/national level, original letter from coach or coordinator that is signed and dated, proof of grade average and good attendance, documentation of expenses, W-9 from organization that money will be distributed to.)

◯ **Reimbursement -** If requesting Reimbursement please attach Original Receipt

CHECK PAYABLE TO: _____ Vendor/Tribal # _____

Amount Requesting

****PLEASE ATTACH PROPER DOCUMENTATION****

Uncompleted Forms will cause delays in processing time. Unreturned **REQUIRED** receipts will be considered non-compliance and will result in **NO** Further Funding and/or Payroll or Per Capita **DEDUCTIONS**.

REQUEST WILL NOT BE PROCESSED UNLESS THE FORM IS COMPLETELY FILLED OUT BY PARENT/ LEGAL GUARDIAN, SIGNED BY COACH OR COORDINATIOR.

Coach/Coordinator _____ Phone _____ Date _____

Parent / Guardian _____ Phone _____ Date _____

Youth Svcs. Coordinator _____ ◯ APPROVED ◯ DISAPPROVED Date _____

Print Form