

SAULT TRIBE YOUTH DEVELOPMENT FUND 2018 APPLICATION CHECKLIST

All applications must include the following information:

- Completed application
- Copy of student's tribal card
- Proof of income (most recent check stub OR W-2 OR tax forms, etc.)
- Invoice, registration, or brochure/literature with organization's name and costs or receipt of payment

ALL documents MUST be submitted to:
Laura Porterfield, YEA Manager
2 Ice Circle, Sault Ste. Marie, MI 49783
or emailed to LPorterfield@saulttribe.net or fax to 906.635.6511
Questions? Email Laura or call her at 906.635.7010.

PLEASE NOTE: Approvals, denials, and requests for more information are sent via email. After submitting your request, please check your email periodically for updates.

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

TRIBAL YOUTH DEVELOPMENT CRITERIA

Tribal Youth may request funding for a variety of purposes to be expended outside of Tribal programming, to include:

- sport fees (registration, equipment, shoes)
- music, dance and theatre lessons
- instrument purchase and rental
- language lessons
- camps (sports, band, art, academic) and related travel fees
- · educational, cultural and class trips
- testing fees
- driver's education
- senior pictures
- school supplies and book deposits (school clothes NOT included)
- regalia and youth drum

APPLICANT QUALIFICATIONS

- Must be a tribal youth age 0 12th grade living within the seven county service area. (Seven county service area includes: Alger, Chippewa, Delta, Luce, Mackinac, Marquette and Schoolcraft counties)
- Applicants may receive funding, up to \$150.00 once per academic year (August 1 July 31).
- Qualifying categories for funding are based on Tribal Strategic Directions of medicine wheel: academic/intellectual, physical, emotional and cultural/spiritual.

APPLICANT REQUIREMENTS

- Applicant must submit current copy of Tribal Membership Card with application.
- Applicant must submit copy of invoice, registration, brochure/literature with organization's
 name and costs or receipt of payment with application. (Check will be made payable to the
 organization, unless receipt of payment is provided.)
- Applicant must submit proof of Household Income (recent check stub, tax forms, W-2, etc.).
 Income Guidelines are based on 300% of the 2018 HHS Poverty Guidelines (see last page for more detail).

Submit applications for funding to Laura Porterfield, Big Bear Arena, 2 Ice Circle, Sault Ste. Marie, MI 49783. Applications can also be submitted via fax at 906-635-6511 or via email at lporterfield@saulttribe.net. For more information, please call 906-635-7010.

Sault Ste. Marie Tribe of Chippewa Indians Application for Tribal Youth Development

Section I – Applicant Information (one application per child)							
Youth Name			_ Date of Birth		Grade		
Parent(s)/Guardian(s) _			Foster Child (Y/N)				
Address		C	ity/State/Zip				
Daytime Phone () _	/time Phone () Evening Phone ()						
Email Address	mail Address Family Size						
Please attach a copy of the youth applicant's current tribal card. Applications will not be processed if tribal card is not attached or outdated.							
Section II – Request Information							
Purpose of Request							
Amount of Funds Requ	ested						
Organization Name & A	Address						
(i.e. SMHA, Soo Soccer Ass	soc., etc.)						
Date of Activity: Beginning Ending							
Please attach a copy of invoice, registration, brochure/literature with organization's name and costs or receipt of payment. Checks will be made payable to the organization listed above unless otherwise indicated.							
Diagon list income for a			ncome Informati				
Please list income for a	Date of Birth	Social Security Number	Monthly Gross Income (pay amount before deductions)	Supplemental Income (state/gov. aid, alimony, etc.)	Fixed Monthly Payments (Pension, Retirement, or Social Security)		
Do you own/operate a to lif you answered "Yes",			earnings or loss fro	m business.			
Please attach proof of income (most recent check stub, tax forms, W-2, etc) Applications cannot be processed if proof of income is not attached.							

All information obtained in this application will be treated as privileged and confidential and will not be released or revealed to any other persons without prior written consent of applicant.

I certify that all the information given is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds; and I authorize Sault Tribe program officials to verify the information on this application; and that deliberate misrepresentation of the information may subject suspension from the program and/or require return of funds.

Signature of Parent or Guardian		Date	
Submit application to:	Sault Ste. Marie Trib Attn. Laura Porterfie 2 Ice Circle	e of Chippewa Indians ld	

Sault Ste. Marie, MI 49783

Or Fax to: 906-635-6511 / Email: lporterfield@saulttribe.net

PLEASE NOTE: Approvals, denials, and requests for more information are sent via email. After submitting your request, please check your email periodically for updates.

For Office Use Only							
Date Application Received							
Approved Date AmountLetter sent DV# Check # Date Sent	Denied Date Letter sent Reason:						

2018 HHS Poverty Guidelines

Persons in Family	48 Contiguous	
or Household	States and D.C.	*300%
1	\$12,140	\$36,420
2	\$16,460	\$49,380
3	\$20,780	\$62,340
4	\$25,100	\$75,300
5	\$29,420	\$88,260
6	\$33,740	\$101,220
7	\$38,060	\$114,180
8	\$42,380	\$127,140
For each additional		
person, add	\$4,320	

Source: Federal Register Notice, January 18, 2018