



SAC AND FOX NATION

Tribal School Clothing/School Supply Grant Application
920883 S. Highway 99
Stroud, Oklahoma 74079

Administration: 918.968.3526 Education: 918.968.0509

OFFICE USE ONLY
Received _____
_____ TM _____ CDIB
Incomplete <input type="checkbox"/>
Initial _____

APPLICATION DUE BY SEPTEMBER 10TH

Student Information Please Print Clearly *****PROVIDE A COPY OF SAC AND FOX NATION TRIBAL MEMBERSHIP CARD*****

Application Date: _____

Student's Last Name	First Name	Middle
_____/_____/_____	_____/____/_____	_____
Social Security Number	Date of Birth	Sac and Fox Nation Roll Number

PARENT/GUARDIAN INFORMATION:

Last Name	First Name	Middle	
_____	_____	_____	
Address	City	State	ZIP
_____	_____	_____	_____
Home Phone No.:	_____	Work Phone No.:	_____

I REQUEST THE SCHOOL TO VERIFY ENROLLMENT AND/OR ATTENDANCE FOR THE ABOVE NAMED STUDENT.

Parent /Legal Guardian Signature _____ Date _____

Admissions Office This section to be completed by school official

Student Name: _____ Grade: _____ School Year: _____

I certify the above student is currently enrolled and attending _____

Address _____	Name of school _____
_____	Telephone No. _____

(School Stamp/Seal)

Signature of School Official: _____

Title: _____ Date: _____

APPLICATION CONTINUED ON REVERSE

