Puyallup Tribe of Indians

CHILDREN'S ACTIVITIES PROGRAM

APPLICATION FORM

3002 Duct Cho St - Tacoma, WA 98404

Phone: (253) 573-7829 Fax: (253) 680-5759

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PURPOSE

The intent of the Children's Activities Program is to aid Tribal Member students with monetary assistance. $1,000 limit per year. The program does not REIMBURSE for any fees. THIS IS FOR FY OCT 2026-2027 ONLY.

NAME: _____
FIRST MIDDLE LAST

D.O.B: _____ENROLLMENT NUMBER: _____

ADDRESS: _____CITY, _____ ST, _____

ZIP CODE_____ PHONE NUMBER: _____PARENTS NAME:_____

PARENT'S EMAIL ADDRESS: _____PARENT'S ENROLLMENT#_____

Entry into a youth sports tournament. ALL SPORTS TEAMS MUST HAVE 5 PUYALLUP TRIBAL MEMBERS TO BE ELIGIBLE FOR PAYMENT FOR TOURNAMENT FEES. You must have a flyer or tournament form that states the amount and date of the event.

Extra-Curricular Activities: Martial Arts, Swimming Lesson, Dance, gymnastics, music, lessons, etc. Puyallup Tribal Member child has to be (3) years and older. Parents/Guardianship are to provide proof of enrollment in Pre-School. No entertainment activities like movies, Chuck-E-Cheese, Wild Waves, etc. The program coordinator will call to verify. Assistance for personal training is not available for children under thirteen (13) years old.

Band Instrument: the program will assist with payment for monthly rental of the band instrument for a year, and if the child requires the instrument after the first year then my program will purchase/pay off the instrument for the child to own.

Drivers Education Course: The program will assist with reimbursing for Drivers Education Course payment when the course is completed. Parents must bring in the receipt with the name on the receipt who paid the course and the letter from school showing that the child completed the course. No reimbursement for late fees or no shows. **NO EXCEPTIONS.**

Youth sports team/equipment: Purchasing of any sports equipment purchased by parent/guardian is at the discretion of the program. Reimbursement for sports equipment requires a letter from school and they must identify the equipment as there is a limit on the sports equipment. If you order equipment online before any reimbursement can be processed, you must provide purchase receipts and delivery receipts showing that you received your sports equipment. Receipts cannot be older than fifteen (15) calendar days and must have name of the equipment on the receipts. If it's not clear from the receipt which equipment was purchased, reimbursement will not be processed. Receipt must have name of the equipment. NO EXCEPTIONS.

Youth sports team or extra-curricular activity that special needs youth participate in can qualify for the purchasing of specialized or adaptive equipment, uniforms or attire that may be required to participate in selected program.

It is the applicant's responsibility to obtain an invoice and/or a receipt for reimbursement for sports equipment.

The program coordinator will no longer process incomplete applications.

NAME OF ORGANIZATION CONTACT PERSON, AND ADDRESS OF YOUTH ACTIVITIES:

Name of Organization: _____

Name of Contact Person: _____Address:_____

City: _____ State: _____ Zip Code: _____

Phone Number or Organization: _____ Email Address: _____

OTHER INFORMATION

The Children's Activity Program is funded by the Puyallup Tribe of Indians. Therefore, at any time, the amount of funding can change based on available funding.

I understand that if I knowingly submit fraudulent information or do not use the funds for their intended purpose, the client will not be eligible to receive funds under this program and may be subjected to prosecution in Tribal Court.

WAIVERS

No waivers or exceptions to this policy will be allowed, including (Eligibility)

CHECK PROCESS: You must:

Provide a 2-week notice to process check

Program Coordinator will mail the check to the Organization/Vendors:

If extracurricular activity requires insurance due to liability, this also will be the responsibility of the applicant/parent or guardian.

_____ _____

APPLICANT SIGNATURE (PRINT PARENT OR GUARDIAN) **DATE SIGNED**

_____ _____

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YR OR AGE) **DATE SIGNED**

_____ _____

AUTHORIZED SIGNATURE APPROVING APPICATION **DATE SIGNED**

STOP

CHILDREN ACTIVITE PROGRAM COORDINATION USE ONLY

Please Note the history of Requests by Tribal Member applying for assistance (Maximum $1,000)

Date of Assistance	Activity	Amount	Balance
_____	_____	_____	_____
_____	_____	_____	_____

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PLEASE READ: FRAUD, MISREPRESENTATION, INCOMPLETE APPLICATIONS.

FRAUD, MISREPRESENTATION, INCOMPLETE APPLICATIONS

If assistance is received and required receipts are not turned in within 15 calendar days, applicant will then be out of compliance with the Children's Activities policy and will need to reimburse the Puyallup Tribe for funds that are unaccounted for. The applicant will not be eligible for further assistance until all funds are repaid to the Tribe. Withholding information, providing false information on application, actions that show intent to commit fraud against the Children's Activities Program or submitting altered documents will result in immediate denial.

If the Program Coordinator determines, based on reasonable grounds, that the applicant has entered any false or intentionally misleading information or statements on any application submitted to Children's Activities Program or to any other Puyallup Tribal assistance program, the Program Coordinator, or a delegate, may suspend the applicant from receiving Children's Activities Program funding for a period of one year. If it is determined the applicant has received assistance illegally or in violation of this policy, the applicant will not be eligible for further assistance until all funds are repaid to Tribe. The applicant must provide all necessary documents to complete a request. Incomplete applications will not be processed.