Activity Fund Request Form
To qualify for the KBIC Youth Activity Fund, you must meet all of the requirements outlined in the guidelines.

SECTION I: PARENT OF THE CHILD OR CHILD MUST BE ENROLLED KB MEMBER AND MUST RESIDE IN BARAGA COUNTY OR ON THE MARQUETTE TRUST PROPERTY. (A copy of either the parent or child’s enrollment card must be attached to the request)

Parent Name______________________________    Enrollment #__________
Address__________________________________ Phone #_______________

Parent Name______________________________    Enrollment #__________
Address__________________________________ Phone #_______________

Childs Name____________________    Age____    Enrollment #__________
Address__________________________________ Phone #_______________

Who is the custodial parent? : __________________ Proof Provided: YES NO (If YES, provide copy w/request)

Requestors Name____________________    Relationship to Child__________
Address__________________________________ Phone #_______________

________________________________________   __________________________________
(Requestor’s Signature)  (Date)
________________________________________   __________________________________
(Custodial Parent/Guardian Signature Authorizing Requestor to Receive Payment If Requestor is not the custodial parent)  (Date)
________________________________________   __________________________________
(Tribal Parent Signature Authorizing Requestor to Receive Payment if Requestor and/or Custodial parent is not a Tribal member)  (Date)

SECTION II: REIMBURSEMENT DETAILS.

Type of Reimbursement__________________________________

Amount Requested:$___________________     Date of Purchase__________

(Approved by Council 10/24/13)