

Activity Fund Request Form

To qualify for the 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 KBIC 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)