



SAULT TRIBE YOUTH DEVELOPMENT FUND 2019 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:
Kaylynn Cairns, YEA Manager
2 Ice Circle, Sault Ste. Marie, MI 49783
or emailed to kcairns2@saulttribe.net.
Questions? Email Kaylynn or call 906.635.4944.**

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

Application missing supporting documents will drastically increase time frame for processing.

Plan 1 month for application to be processed and payment mailed.

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 2019 HHS Poverty Guidelines (see last page for more detail).

Submit applications for funding to Kaylynn Cairns, Big Bear Arena, 2 Ice Circle, Sault Ste. Marie, MI 49783. Applications can also be submitted via email at kcairns2@saulttribe.net. For more information, please call 906-635-4944.

**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 _____ City/State/Zip _____
Daytime Phone (____) _____ Evening Phone (____) _____
Email 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 expired.**

Section II – Request Information

Purpose of Request _____
Amount of Funds Requested _____
Organization Name & Address _____
(i.e. SMHA, Soo Soccer Assoc., 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.**

Section III – Income Information

Please list income for all persons residing at the address listed above:

Name	Date of Birth	Social Security Number

Do you own/operate a business? (Y/N) _____
If you answered "Yes", please attach proof of earnings or loss from 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

2019 HHS Poverty Guideline

Persons in Family/Household	300% 48 Contiguous State & D.C. Poverty Guidelines
1	\$37,470
2	\$50,730
3	\$63,990
4	\$77,250
5	\$90,510
6	\$103,770
7	\$117,030
8	\$130,290
For each additional Person, add	\$4,420

Source: Federal Register Notice, January 11, 2019.

For Office Use Only

Date Application Received _____

Approved _____	Date _____
Amount _____	Letter sent _____
DV# _____	
Check # _____	
Date Check Sent _____	

Denied _____	Date _____
Letter sent _____	
Reason: _____	

<p>Checklist:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application <input type="checkbox"/> Tribal Card <input type="checkbox"/> Income Information-Within Guidelines <input type="checkbox"/> Receipt/Invoice <input type="checkbox"/> Check Previous Funding
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<p>Additional Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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