



**Education, Employment, and Training Division**

Stockbridge-Munsee Community

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 Fax: 715-793-4830

[www.mohican.com/eetdept](http://www.mohican.com/eetdept)



**STUDENT ACTIVITIES APPLICATION**

To receive assistance, please fill out this form completely and attach proof of tribal enrollment along with proof of active participation in policy defined activity and receipt of purchase, if applicable.

**Parents Information**

|            |    |           |                        |
|------------|----|-----------|------------------------|
| First Name | MI | Last Name | Social Security Number |
|------------|----|-----------|------------------------|

**Students Information**

|                |    |            |               |                        |                   |
|----------------|----|------------|---------------|------------------------|-------------------|
| First Name     | MI | Last Name  | Date of Birth | Social Security Number | Enrollment Number |
| Street Address |    | City       | State         | Zip Code               |                   |
| Home Phone     |    | Cell Phone | Message Phone |                        |                   |

If applicable, please mark if student is enrolled by the Department of Education to participate in Home School

**School Information**

|                |       |       |          |
|----------------|-------|-------|----------|
| Name           | Phone |       |          |
| Street Address | City  | State | Zip Code |

Please check the box for the type of assistance you are requesting:

- Music fees    Athletic Shoes    ACT/SAT Test    Summer Camp, Workshops, and School Trips    Student Fees

**RELEASE OF INFORMATION**

I hereby authorize Stockbridge-Munsee Community Division of Education & Employment and Training to obtain and exchange information related to my application to participate in their program(s). I understand that I may revoke this consent by written notice at any time.

|                       |      |   |      |
|-----------------------|------|---|------|
| Applicants' Signature | Date | Parent/Guardian Signature (If Applicable) | Date |
|-----------------------|------|---|------|

**CERTIFICATION**

I certify to the best of my knowledge that the information in this application is accurate and true. I understand that my application is subject to verification, and that falsification of information shall be grounds for termination from the program and may subject me to prosecution under the law. I understand that there is an Appeal Procedure by which I can challenge a decision made with regard to this application. I understand my appeal rights and certify that I have read this procedure and that I will abide by it.

|                       |      |   |      |
|-----------------------|------|---|------|
| Applicants' Signature | Date | Parent/Guardian Signature (If Applicable) | Date |
|-----------------------|------|---|------|