



# Kaw Nation

## School Clothing Gift Card Program

### Application

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The Kaw Nation's School Clothing Gift Card Program is designed to provide financial support to Kaw Youth who are currently enrolled students and working to receive their education. Eligible Kaw Nation Citizens, from Pre-K through 12<sup>th</sup> grade will receive one-time cash assistance of \$150 loaded onto a gift card. Expenses must be used to purchase school clothing for youth Tribal citizens. The Kaw Nation Social Services department has expanded the program to reach all Kaw Tribal Youth nationwide.

**Qualified applicants aged eighteen (18) may apply on their own behalf but must provide all necessary documentation. Otherwise, an adult must submit the application on behalf of the Kaw Nation youth aged seventeen (17) or younger. One application must be submitted per Tribal youth. Applications MUST BE mailed and postmarked on or before September 1<sup>st</sup>, 2025 with all required documentation to be approved.**

SUBMIT APPLICATION **BY MAIL ONLY** TO:

**KAW NATION**  
**ATTN: SOCIAL SERVICES**  
**DRAWER 50**  
**KAW CITY, OK 74641**

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#### Applicant Personal and Contact Information

|                                   |   |   |  |
|-----------------------------------|---|---|--|
| Youth Applicant's Full Name       |   |   |  |
| Application Completed by          | <input type="checkbox"/> Self (you are the person listed above) |   | <input type="checkbox"/> Parent/Guardian/Custodian |
| Applicant Date of Birth           |   | Applicant's Kaw Nation Tribal Enrollment Number |  |
| Applicant School, Grade, and City |   |   |  |

|  |  |                                   |   |
|--|--|-----------------------------------|---|
| <b>Name of Applicant's Mother</b>              | <input type="checkbox"/> Kaw Nation Citizen  | <b>Name of Applicant's Father</b> | <input type="checkbox"/> Kaw Nation Citizen |
| <b>Physical Address (Street, City, Zip)</b>    |  |                                   |   |
|  |  |                                   |   |
| <b>Mailing Address (Street, City, Zip)</b>     |  |                                   |   |
| <b>Phone Number</b>                            |  | <b>Email Address</b>              |   |
| <b>Custody of Applicant</b>                    | <input type="checkbox"/> Shared Custody among both parents<br><input type="checkbox"/> Full-Time Custody with one parent: _____<br><input type="checkbox"/> Other<br>Name of Guardian/Custodian if Applicant is not in care of parents: _____<br><i>(Please include Description of Authority for Guardianship/Custody by non-parent to this Application)</i> |                                   |   |
| <b>Preferred Method of Obtaining Gift Card</b> | <input type="checkbox"/> Mail to Mailing Address Listed Above<br><input type="checkbox"/> Pick Up in Person at Kaw Nation Tribal Headquarters<br><i>Pending application approval.</i><br><i>All gift cards will be mailed unless otherwise specified.</i>  |                                   |   |

| Applicant Checklist   |   |
|---|---|
| <input type="checkbox"/> Fully Completed Application  | <input type="checkbox"/> Proof of Kaw Nation Tribal Citizenship for each child in household (enrollment card, Tribal ID, Certificate of Indian Blood, etc.) |
| <input type="checkbox"/> Description of Authority for Guardianship/Custody by non-parent (if necessary) |   |

## Authorized Use of Funds and Certification

By signing below, I hereby certify that I have met the requirements for the School Clothing Gift Card Program and that the information submitted on this Application is true and correct to the best of my knowledge. I am also giving authorization to the Kaw Nation to (1) update my tribal enrollment file using the information submitted in the "Applicant Personal and Contact Information" section and (2) verify my tribal enrollment.

**The Kaw Nation is not responsible for lost or stolen Gift Cards.**

*I agree that I may be called upon to prove that I did not use this funding for unallowable expenses (i.e., alcohol, tobacco, luxurious items).*

***If applying on behalf of a Minor, I certify that I am a legal and physical custodian of the minor. I certify that I have coordinated with others who may have legal and/or physical custodian of the minor in completing this application and have their authorization to complete this application on behalf of said minor. I also certify that I am an enrolled citizen of the Kaw Nation and that I am not enrolled with another tribe. I understand that dual enrollment is not allowed and that if evidence of such is found, this application will be void and I will be denied services. I also understand that if evidence of dual enrollment is found after services are received, that legal action may be taken to recover any benefits awarded.***

|                               |       |
|-------------------------------|-------|
| Applicant's Printed Name:     |       |
| Signature:                    | Date: |
| Signature of Parent/Guardian: |       |

| For Official Use Only  |         |              |
|--|---------|--------------|
| Date received by the Tribe:  |         |              |
| Tribal enrollment verified for each child? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date Verified:        |         |              |
| Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |              |
| Guardianship/Custody Documentation: (if needed) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required |         |              |
| If not approved, reasoning and notification verification:  |         |              |
| Check #s:  | Amount: | Date mailed: |