



## YAKAMA NATION REVENUE ALLOCATION PLAN

### FULL TIME STUDENT CHECK LIST

The Revenue Allocation Plan (RAP) Full-Time Student Fund (FTS) checklist will help complete the FTS application. Please check each box to verify all the following documents are met before returning:

- Be age three entire funding quarter or older.**
- Complete FTS application** (*verify all information, spaces are complete and signed*).
- Provide copy of student's Yakama Nation Certificate of Indian Blood (CIB) or Yakama Nation enrollment card.**
- Parent or guardian must be Yakama enrolled and provide a copy of his/her Yakama Nation enrollment card.**
- Legal guardians established by Tribal court must provide a copy of legal guardian documentation.**
- Must provide appropriate school proof for each scheduled quarter** (*Pre to 12<sup>th</sup> Grade require school attendance records for each scheduled funding quarter, GED require attendance and grades; College or Higher Education require grades for each scheduled funding quarter*).
- Student's enrollment number must be documented on school proof for each funding quarter.**

Please contact the RAP Office if there are additional question on the application process by telephone 509-865-5121 extension 4419, 4424, or 4421, email or write to address provided on application.

EMAIL ADDRESS

[fts\\_rap@yakama.com](mailto:fts_rap@yakama.com)

# Yakama Nation Full-Time Student Distribution Application

**Section 8 Use of NET Gaming Revenue; Enrolled Full-Time Students:** The Tribal Council hereby allocates SEVEN AND HALF PER CENT (7.5%) of Net Gaming Revenue to provide funding for FULL-TIME Students to assist with clothes, and/or expenses. **DEFINITION:** *Full-time* Student means enrolled Yakama Nation Tribal members, who are enrolled and attending pre-school through twelfth grade or who are enrolled and attending *full-time* in any post secondary educational institution. **REQUIRED:** Age three for entire funding quarter or older, complete application, student's Yakama Certificate of Indian Blood (CIB) or Yakama Nation identification, Yakama Nation Tribal member legal guardian's current identification, and school proof (*ATTENDANCE RECORDS for pre-school -12<sup>th</sup>; GRADES for higher education*). **QUESTIONS:** Call 509-865-5121, extension 4419, 4420, 4421 or 4424; fax 509-865-2331; email [fts\\_rap@Yakama.com](mailto:fts_rap@Yakama.com). **LOCATION/ADDRESS:** YN Agency, Attn: RAP, Rm. 126, POB 151, Toppenish, WA 98948.

## Applicant Information:

Application **Purpose (check box):**  New  Address Change  Legal Guardian Change  School Change  Other: \_\_\_\_\_

**Student's Grade Level (Check One):**      Pre-school      K thru 8<sup>th</sup>      9<sup>th</sup> Thru 12<sup>th</sup>      College

Student's Name:

<b>Students Date of Birth:</b>	<b>Student's US-SSN:</b>	<b>Student's Yakama Enrollment #:</b>
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**\*LEGAL GUARDIAN'S NAME**  
(PAYEE for minor under 18):

<b>Guardian's Date of Birth:</b>	<b>Guardian's US- SSN:</b>	<b>Guardian's Yakama Enrollment #:</b>
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**Current Mailing Address**  
(City, State, & Zip):

<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone (Ext.):</b>
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Email Address:	Fax number:
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## Pre-School – 12<sup>TH</sup> GRADE and GED Information (highlighted area optional):

School Attending:	Grade Level:
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School Address:

City:	State:	Zip Code:
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Phone:	E-mail:	Fax:
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## College, Other Higher Educational Institutions (highlighted area optional):

Grade Level (Check one): ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate/Masters/Doctorate

Higher Educational Institution Name:

Address:

City:	State:	Zip Code:
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Phone:	Email:	Fax:
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## Signature (read, check boxes, sign and date):

I certify that all information submitted in the Full Time Student process –including application, W-9, certificate of Indian blood, current identification, and supporting educational materials-is my own, factually true, and honestly presented. I authorize review of my application for the Full Time Student distribution indicated on this form. I understand that I may be subject to a range of disciplinary actions, including full time student revocation or expulsion, should the information I've certified be false.

I acknowledge that I have reviewed the application instructions for this application. I also affirm that I agree and will send attendance and/or grades which ever applies to me for **each quarter**.

APPLICANT and /or LEGAL GUARDIAN SIGNATURE REQUIRED:

DATE:

**\*Proof of Legal Guardianship is required if not parent.**