



K-12 BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION FOR SCHOOL YEAR 2023-2024

Applications can be accessed via the Kiowa Tribe website, requested by mail, or email at ss01@kiowatribe.org, or by visiting the Kiowa Tribe Complex or the Kiowa HHS Building between 8:00 a.m. - 4:30 p.m. Monday-Friday. Applications will be available from Monday, July 24, 2023 through Thursday, August 31st, 2023 at 4:30 p.m. **The 2023 BTS Clothing Assistance Program officially ends August 31, 2023 and applications cannot be accepted after this date.**

What is needed for assistance?

Verification of Kiowa Enrollment: Kiowa enrollment card or Kiowa enrollment verification letter. A CDIB is not acceptable. The child must be an enrolled tribal citizen with the Kiowa Roll Number.

Verification of School Enrollment: Applications include a section for school verification and must be signed by school official. An enrollment letter from the school is also acceptable, if it is on official school letterhead and is signed by official such as Superintendent, Principal, Administration, JOM Coordinator, or School Counselor.

What can be purchased?

Gift cards can only be used for school clothing and shoes. We reserve the right to verify purchases through our retail vendor.

Who may apply? To mitigate confusion during the distribution process, **ONLY** Parents or Legal Guardians may apply/sign for Back-to-School Assistance. No other family member can apply, nor pick up for an eligible child, unless they have legal custody/guardianship and notarized written consent from the parent. **No exceptions.** The child must be an **enrolled** Kiowa citizen and enrolled for the 2023-24 academic year, entering Pre-K through grade 12.

Back to school clothing assistance varies year to year and is based on available funds. It is not guaranteed. One application must be completed for each Kiowa-enrolled student in grades PK-12.

**KIOWA TRIBE K-12 BACK-TO-SCHOOL CLOTHING ASSISTANCE
APPLICATION FOR SCHOOL YEAR 2023-2024**

PLEASE PRINT CLEARLY

Name of Parent/Guardian applying for assistance:

First Name: _____ Middle Initial: _____ Last Name: _____

Physical Address: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Is this address the same for the child listed below? Yes No Part-time

Child's Full Name: _____

Child's Kiowa Enrollment Number: _____

Child's DOB: _____ Child's Grade: (entering in Fall 2023) ____ Number of siblings at home: ____

Child's coat size: Youth SM Youth MD Youth LG Youth XL Adult Size: ____

Child's shoe size: _____ Child's Age as of August 1, 2023: ____

Is child between the age of 15-18? If no, skip to signature below.

If yes, rank the top four choices of the following clothing stores. Based on child's preference and access to the stores listed, please select 1st, 2nd, 3rd, and 4th preferred stores. **Preferences are NOT guaranteed. Limited cards are available and we will disburse the cards that we have available.

Age 15-18 ONLY: Please rank top four choices.

- Forever 21 Aeropostale H&M Finish Line
 Gap American Eagle Kohl's

This statement certifies that all of the information that I submitted on this application is true. I grant permission for photography and/or videography of me and my child(ren) by participating in the Kiowa Tribe's Back-to-School Programs for the purpose of public relations, advertisement, and tribal program promotion. I am the parent or legal guardian of an enrolled Kiowa Tribe citizen, who resides in my household. I am responsible for the use of the gift card for its intended purpose. This assistance is intended to assist Kiowa Tribal households by providing support during the post-pandemic era, as well as the challenges of inflation. I agree with this statement and understand that applying under false pretenses or misuse of this assistance will result in a period of ineligibility for my household and will prevent me from receiving any further assistance from the Kiowa Tribe, and/or any of its affiliated programs.

Parent or Guardian Signature _____ Date _____

STAFF USE ONLY:

Verified By: _____ Kiowa Tribal Enrollment: DOB:



**VERIFICATION OF SCHOOL ENROLLMENT
2023-2024 ACADEMIC YEAR**



K-12 BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION FOR KIOWA-ENROLLED CHILDREN

PLEASE READ CAREFULLY: The bottom section of this form must be filled out by a school official (e.g. counselor or administrator). Verification letters of enrollment on official school letterhead are also acceptable. A verification of enrollment must be on file for each student eligible for assistance.

Part 1 – Must be completed by Parent / Guardian PLEASE PRINT

STUDENT First Name: _____ Middle Initial: __ Last Name: _____

STUDENT DATE OF BIRTH: ____/____/____ STUDENT'S GRADE (Entering Fall 2023): _____

Physical Address: _____ City: _____ State: ____ Zip Code: _____

Mailing Address (if different from physical address): _____

Student Lives in Household With: Mother [] Father [] Both Parents [] Other/Independent []

MOTHER'S NAME (If student is under 18):

First _____ Last _____ Phone #: _____

FATHER'S NAME (If student is under 18):

First _____ Last _____ Phone #: _____

Name of School: _____ Name of District: _____

Name of J.O.M. or Indian Education Coordinator, if any: _____ If unknown, check here []

AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA TRIBE FOR BACK-TO-SCHOOL ASSISTANCE PROGRAMS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Part 2 – Must be completed by School Official

I verify that the above-named student, _____, is enrolled for the upcoming 2023-2024

academic year at the following elementary, middle, or high school: _____
(Name of School)

PRINT NAME OF SCHOOL OFFICIAL

JOB TITLE

CONTACT NUMBER

SIGNATURE

DATE