

BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION FOR SCHOOL YEAR 2024-2025

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 15, 2024 through Friday, August 30st, 2024 at 4:30 p.m. The 2024 BTS Clothing Assistance Program officially ends August 30, 2024 and applications cannot be accepted after this date.

Please be sure to have all required documents on hand when picking up Gift Cards.

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 2024-25 academic year, ages 5-18 years old [must be 5 years on or before Sept 1st].

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 students ages 5-18 years old.

Each enrolled Kiowa Tribal Citizen, age 5-18 will receive one (1) \$200 JC Penny Gift Card.

KIOWA TRIBE BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION FOR SCHOOL YEAR 2024-2025

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?YesNoPart-time	
Child's Full Name:	
Child's Kiowa Enrollment Number:	
Child's DOB: Child's Grade Level: (Fall 2024) 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, 2024:	
In your opinion, should the Back-to-School Clothing Assistance program be continued in the future Please check one: Yes No Neutral	; ?
This statement certifies that all of the information that I submitted on this application is true grant permission for photography and/or videography of me and my child(ren) by participal 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 enrolle Kiowa Tribe citizen, who resides in my household. I am responsible for the use of the gift of 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 against 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.	ting ed ard ree
Parent or Guardian Signature Date	
STAFF USE ONLY:	
Verified By: Kiowa Tribal Enrollment: [] DOB: []	
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VERIFICATION OF SCHOOL ENROLLMENT

2024-2025 ACADEMIC YEAR



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 Paren			1100.		
STUDENT First Name:					
STUDENT DATE OF BIRTH:/					
Physical Address:	30		,		
Mailing Address (if different from physical addre					
Student Lives in Household With: Mother []					
MOTHER'S NAME (If student is under 18):			70001 77 700 00 10000		
First Last		Phone #:		_	
FATHER'S NAME (If student is under 18):					
FirstLast		Phone #:		_	
		Name of District:			
Name of J.O.M. or Indian Education Coordinator, if any: If unknown, check h					
[] AUTHORIZATION FOR RELEASE OF INFOR	RMATION: MY SIG	NATURE INDICATES I A	UTHORIZE THE R	RELEASE OF THIS	
PARENT/GUARDIAN SIGNATURE:					
Part 2 – Must be completed by School	ol Official		NOTIO III Jamailler Albare Siger Lad Religiolation Leiterbler (Leiterbler Heller)		
I verify that the above-named student,		,i	is enrolled for the	upcoming 202 4- 202 5	
academic year at the following elementary, m	iddle or high sch	nool:			
addading year at the following clementary, in	nadic, of high son		(Name of School)		
PRINT NAME OF SCHOOL OFFICIAL	JOB TITLE	CO	NTACT NUMBE	R	
SIGNATURE		DA	 TE		