

Samish Indian Nation
Supplemental Education Assistance Application

Family Contact Information

Parent(s) Name _____

Home Phone (____) _____ Work Phone (____) _____

Address _____

Student Name _____

Birthdate _____ Grade in School: _____

Student's Tribal Enrollment Number _____

Referring School Staff Member: _____

School Name _____

Phone: _____ Fax _____

Tutor Contact information:

Name: _____

Mailing Address _____

Phone _____ E-Mail _____ Fax _____

Request for Assistance:

My child needs tutoring to achieve grade level skills in _____.

I am requesting assistance from the Samish Indian Nation to support:

_____ hours of tutoring per week at \$_____ per hour for not more than _____ weeks.

Release of Confidentiality

I HEREBY CERTIFY that all of the above information is correct to the best of my knowledge. I understand any information I provide is subject to Federal Review and consent to the exchange of information between _____ (School) and/or _____ (Tutor) and the Tribe to best serve my child's education needs.

Parent Signature _____

Date _____