



the
**Chickasaw
Nation**

**Bill Anoatubby
Governor**

**Department of Community Services / Youth Services Division
Youth Support**

231 Seabrook Road / Ada, OK 74820 / (580) 310-6620 / Fax: (580) 421-8774

Reimbursement Program Application

Applicant Information:

(Please type or print clearly)

Date: _____

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Home phone no.: (____) _____ Cell phone no.: (____) _____

Parent/Legal Guardian Information:

Name: _____
First Middle Last Suffix

Birth date: _____ Home phone no.: (____) _____ Cell phone no.: (____) _____
 (Required for security purposes)

Email address: _____

Reimbursement Request:

Must include documentation, flyer, brochure, or receipts outlining the cost and extracurricular activity requested for funding.

Extracurricular activity (please list): _____

Participation Verification:

The section must be completed by the coach, sponsor, or organization official other than the parent/legal guardian.

By signing below, you are verifying the above student's participation in the stated activity:

Coach, sponsor, or organization official signature Date

Phone no.: (____) _____ Email address: _____

School Information:

School name: _____ School district: _____

Grade Classification: (please check one)

- 3-4 years old K-12th _____ (specify current grade)
 Homeschooled _____ (specify current grade)

The application will be completed in its entirety and be accompanied by a receipt of purchase or other documentation detailing what the cost is to participate in the stated activity, organization, club, etc. Incomplete applications will not be processed. **NOTE:** Submission of this application is not a guarantee of funding.

[Program guidelines](#)