

Seminole Nation of Oklahoma

COVID-19 Technology Assistance Program Application

The program is being offered to aid enrolled tribal members who are currently attending primary education and who require additional school supplies resulting from the COVID-19 public health emergency.

These funds may be used to purchase technology items needed for distance learning and other related items that are necessary due to COVID-19. The maximum amount of assistance received through this program is \$500.00 for an enrolled tribal member between the ages of **4 years old** and **17 years old (pre-k – 12th grade)** who meet the eligibility requirements.

Please complete the following application and submit by mail to COVID-19 Technology Assistance Program, P.O. Box 1498, Wewoka, OK 74884. Applications must be postmarked or submitted by **October 31, 2020**. *Original applications with original signatures ONLY. No computer generated signatures allowed.*

1. Parent/Legal Guardian Information

Name: _____

Phone Number: _____

Mailing Address: _____

City/State/Zip: _____

2. Student Information

Name: _____

Tribal Membership No.: _____

Date of Birth: _____

Social Security No.: _____

3. Current School Information

Name of School: _____

Grade Level of Student: _____

City/State/Zip: _____

4. School Enrollment Verification

Please have a Representative, i.e. Principal, Director, or Teacher, from the Student's School sign below to verify that the Student is currently enrolled in the above-listed School:

School Representative's Signature: _____ Date: _____

School Representative's Name and Title: _____

School Representative's Contact Email: _____

5. Use of Funds

Please indicate how these funds will be used to assist the above-listed Student. Check all that apply:

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Wi-Fi | <input type="checkbox"/> Educational Software |
| <input type="checkbox"/> Desktop | <input type="checkbox"/> Hotspot | <input type="checkbox"/> Printer/Scanner/Copier |
| <input type="checkbox"/> Tablet | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Other _____ |
-

I, _____, as the guardian or parent of the above-named student,
(Guardian/Parent Name Printed)
hereby certify that the above information is true and correct and, if requested by the Seminole Nation, can provide documentation in support of this information.

Guardian/Parent Signature

Date

For Department Use Only

Date Received: ___/___/___

Date Processed: ___/___/___

Seminole Nation Tribal

Membership No. Confirmed? Yes No

Processed By: _____