



Confederated Tribes of Siletz
PO Box 549
Siletz, OR 97380
541-444-8273, Toll-free 1-800-922-1399 ext. 1273, Fax: 541-444-8392

APPLICATION FOR YOUTH SERVICES YOUTH ACTIVITY FORM

For enrolled Siletz Tribal youth in Kindergarten - 12th grade.

Student's Name: _____ Roll #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ E-Mail: _____
(optional)

Name of School: _____ Grade: _____

Amount Requested: _____

Information on Service/Activities:

TYPES OF SERVICE OR ACTIVITY:

- | | |
|--|---|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Music | <input type="checkbox"/> Educational/Scholastic Material |
| <input type="checkbox"/> Camp Fees | <input type="checkbox"/> Cultural Supplies/Material |
| <input type="checkbox"/> Science/Environmental Project | <input type="checkbox"/> Lab Fees |
| <input type="checkbox"/> Correspondence Courses | <input type="checkbox"/> Shop Supplies (wood/auto) |
| <input type="checkbox"/> Extra Curricular Supplies | <input type="checkbox"/> Other _____
(Please indicate) |

Purpose: _____

Vendors Name: _____
(Store, School or Company)

Address: _____

Signature of Parent/Legal Guardian

Date

For office use only

Processed By: _____ Amount: _____

Date: _____