



WINNEBAGO TRIBE OF NEBRASKA CLOTHING ALLOWANCE ADDRESS VERIFICATION FORM

2021-2022sy

\$350



All minor tribal members enrolled by distribution date who are in school and between the ages of 3 to 18 years old shall be eligible for the clothing allowance.

Distribution date: August 2, 2021 (Monday) 9:00am-4:00pm Blackhawk Community Center Gym
August 3, 2021 (Tuesday) 9:00am-3:00pm Enrollment office

MASKS MUST BE WORN AT ALL TIMES WHEN PICKING CARDS UP IN PERSON

REMEMBER verification of school enrollment **MUST BE** provided for all pre-school (3 & 4 year olds), High School (9th-12th grade), and College (17 & 18 year olds who HAVE NOT withdrawn his/her Tribal Minor Trust Fund Monies).

ANY FORM THAT IS FAXED OR EMAILED BACK WILL NOT BE ACCEPTED.
ALL CARDS MUST BE CLAIMED BY OCTOBER 31, 2021.

Please mail forms to:
Enrollment
PO Box 687
Winnebago, NE 68071



+Subject to applicable laws, the following fees apply to your Card:
Inactivity Fee-Beginning in the 13th month of inactivity fee of \$2.50 will be accessed to your Card.

DO NOT MAIL THIS FORM IN IF YOU INTEND ON PICKING UP

*You cannot access cash (at any time) from your Card Via an ATM or a Point of sale terminal.

Once the card is picked up or mailed out the Winnebago Tribe of Nebraska is not responsible for it. Please call the number provided by the card company for any tracking, reports of a card lost or stolen or any other questions pertaining to your individual visa card.

NAME _____ ENROLLMENT NUMBER 383-U0 _____

DATE OF BIRTH: _____ AGE: _____ PHONE NUMBER: _____

MAILING ADDRESS (STREET, P.O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____

!! Non-custodial parents MUST provide guardianship papers !!

PRESCHOOL/ELEMENTARY/HIGH SCHOOL/ POST SECONDARY EDUCATION INSTITUTION INFORMATION:

SCHOOL NAME: _____

ADDRESS: _____

GRADE: _____ SCHOOL PHONE NUMBER: _____

Acceptable forms of Verification are the 2021-2022sy Class Registration, Class Schedule or School Letter
****NO PAST TRANSCRIPTS****

NOTARY PUBLIC:

Signature of Parent/Legal Guardian Or Applicant (If 18) PRINT NAME X _____ SIGNATURE X _____

(Seal)

Sworn to and subscribed to before me this _____ day of _____ 20____.

Notary Signature

Expiration Date

*****For Office Use Only*****

Gift Card # _____ Pin # _____ Date Rec'd _____ Date Issued/Mailed _____ Enrollment _____ Finance _____