

YOUTH ACTIVITIES APPLICATION CHECK LIST

In order to receive assistance from the Youth Activities Fund you MUST provide the following information:

- ⊗ Student / Parent-Guardian Contact Information (Section 1)
- ⊗ Student's School Enrollment Verification (Section 2)
- ⊗ Attach Detailed Attendance Report (Section 2) - shows if absences by periods for secondary grades OR half days for Elementary
- ⊗ Attach Flyer or Registration of Activity, Event or Team (Section 3)
- ⊗ Attach Invoice/Receipt/Quote from Vendor for purchasing equipment, gear or supplies. (Section 3) *Reimbursements requires *original receipt* to be submitted within 30 days of purchase.
- ⊗ Parent/Guardian Signature Required (section 4)

APPLICATION MUST BE "COMPLETE" FOR APPROVAL

RETURN COMPLETED APPLICATIONS TO:

In Person: Recreation Dept.-Bettina Brown- located in Youth Facility at 38624 172nd Ave SE, Auburn, WA. In her absence, May request to have put in her mailbox near receptionist.

FAX: 253-876-3077

US Mail:

Muckleshoot Indian Tribe
Recreation Dept-Bettina Brown
39015 172nd Ave SE,
Auburn, WA. 98092

Table of Qualifying Activities and Equipment must not exceed \$700.00:

Purchases requested but not listed in the table must obtain Committee approval.

<u>Baseball/Softball</u>	<u>Basketball</u>	<u>Soccer</u>	<u>Football</u>
Cleats Glove Batting Gloves 2 pair of Baseball pants Up to 3 pairs of socks Sports Bag 2 Sports Bra Registration 2 Balls Protection Gear (helmet, catcher's mask, jock protection, etc) 1 bat not to exceed \$50.00(must be league regulation) For Grade 3 rd -age 17 ONLY: 1 bat not to exceed \$100.00(must be league regulation) 2 compression items	1 pair of Basketball shoes Up to 3 pairs of socks 1 Basketball Sports Bag 2 pair of basketball shorts 2 Sports Bra 2 compression items	Cleats Shin Guards Up to 3 pairs of socks 1 Soccer ball Sports bag 2 pair of shorts 2 pair sweats 2 Sports Bra 2 compression items	Helmet Cleats Gloves 2 pair of pants Up to 3 pairs of socks Jock Protection Sports Bag 1 Football Mouth guard 2 compression items
	<u>Volleyball</u>	<u>Speed Skating</u>	<u>Track</u>
	1 Volleyball Knee pads Shoes Sports bag Up to 3 pairs of socks 2 Sports Bra 2 pair of shorts 2 compression items	Club Dues Helmet Boots Frame Wheels & Bearings 2 Uniform pants/shorts 2 Uniform Shirt 2 Sports Bras 1 Sports Bag 2 compression items	Appropriate track cleats or shoes 2 Team sweatshirts & Pants 2 Sports Bras Sports Bag 2 compression items
<u>Music</u>	<u>Wrestling</u>	<u>Dance</u>	
Instrument Rental or Purchase Lessons Required attire for events	Appropriate Wrestling shoes Gym bag Uniform 2 compression items	Lessons for all students Birth to age 17 Required Dance Uniform (Regalia)	

<u>Swimming</u>	<u>Snowboard/Skiing</u>	<u>Karate</u>
Swimming lessons for all students birth to age 17 Membership for 1 year Swimming suit	Snowboard/ Skis Boots Bindings Poles Seasonal lift passes Rentals Gloves Snow Suit Protective Gear(Shell, Helmet, etc) Lessons 2 compression items	Lessons Mouth Guard Uniform 2 compression items
<u>Gymnastics</u>		<u>Self Improvement</u>
Lessons for Students birth to age 17 Uniform 2 compression items		Sport Camps Sports Clinics Activity Self-Esteem Related Drivers Education School ASB Dues Recreation Club Dues (YMCA,etc) Educational Camps (People to People, Space, etc.)
<u>Skateboarding</u>	<u>Lacrosse</u>	<u>Archery</u>
Board Trucks Wheels Bearings Grip Tape Protective Gear (Helmet, shell, wrist & knee guards, etc)	Dues / Lessons/ Protective Gear 2 compression items	Dues/ Lessons /Protective Gear



MIT Youth Activities Fund Program Application



The Muckleshoot Tribe's Youth Activities Fund Program is intended to support Muckleshoot Youth (ages Birth-17) in the pursuit of activities that are creative and positive to promote good attendance and improved academics. Muckleshoot Youth may be eligible for \$700.00 per calendar year (Jan-Dec) for Activities/Sports Expenses. Youth **MUST** be enrolled in school; Registered in a class/sports to receive assistance for their equipment/gear/instruction/supplies.

PLEASE COMPLETE ALL SECTIONS & RETURN TO: **RECREATION DEPARTMENT**

Section 1	Student Name _____	
	Student's MIT Enrollment Number _____	Birth date _____
	Parent/Guardian Name _____	
	Address	Street _____
		City _____
		State/Zip _____
		Phone: _____
	Email: _____	

Section 2	School Enrollment Verification	
	School Name _____	
	School Phone Number _____	
	Verifying School Year & Grade _____	Attached Attendance Record: <input style="width: 100px; height: 20px;" type="text"/>
	Printed name of school official _____	
	Signature of school official _____	Date _____
<p><small>*If Youth's school attendance exceeds 20 days during school year, they'll receive 50% of amount requested and given 30 days from date of last absence to improve attendance (i.e.-have no unexcused absences); an attendance update after 30 days will be required to receive remaining balance. Applications received in July/August will use Previous school attendance used to determine eligibility.</small></p>		

Section 3	Activity/Sport Verification	
	Activity / Sport _____	
	League/Team/Class _____	
	Coach/Instructor/Vendor Name: _____	Phone: _____
	Equipment/Gear/Instrument/Supplies Needed: _____	
	Competitive League Fee/Registration: <input style="width: 50px;" type="text"/>	If yes, attach league information <input type="checkbox"/>
<p><small>Please attach copy of your receipt from Big 5 for a PO. All ORIGINAL RECEIPTS are needed for reimbursements. **Receipts are due 30 days after original purchase.** We Cannot process applications without Invoice/Receipt/Quote. Please note a "New Vendor & IRS W9" form may be required for direct payment to Vendor.</small></p>		

Section 4	Parent/Guardian Signature	
	<p><small>Your signature below authorizes the release of information for Program Staff to verify Application Information (attendance, enrollment, grades, etc). By signing below you are aware that in the event that you temper and/or falsify information to MIT Youth Activities Fund Program, that you will be subject to penalties including ineligibility to participate in the program for five (5) years and repayment of the value of any benefit received including</small></p>	
	Parent/Guardian Signature _____	Date _____

Please allow **TWO BUSINESS WEEKS** to process this application.
 You may contact our office with any questions (253) 876-3370
 Applications may be faxed to (253)876-3077 and/or Originals with Required Backup Documents/Receipts US Mailed to:
 39015 172nd Ave SE Auburn WA 98092 ATTN: Recreation

Enrollment Verified		Office Use Only		Date RCVD
Enrollment #:	<input type="text"/>	Date	Comp Fee Used \$300Max	RQ #
Staff Init:	<input type="text"/>	Amount:	\$ <input type="text"/>	PO#
Notes/Comments:				