Lummi Youth Financial Assistance

APPLICATION PROCESS AND ELIGIBILITY

1. Youth must be an enrolled Lummi member
2. Fill out the request form
   a. Each applicant is responsible for providing all required documents
   b. Incomplete applications will not be processed
3. Complete requests can be dropped off at the LYSS Office Managers office or by email via mistyc@lummi-nsn.gov
4. Requests must be submitted no later than 9:00AM on Wednesday the week prior to date needed

YOUTH/TEAM INFORMATION

Youth Full Name | Team Name	Date of Birth	Enrollment No.
Parent/ Guardian Full Name | Coach Full Name		Phone No.
School Attending | Tournament Name		Grade

TYPES OF REQUESTS AVAILABLE | CHECK ALL THAT APPLY

☐ INDIVIDUAL	☐ TEAM	☐ TRAVEL
___ $500 per calendar year to go towards fees or gear ___1x per year fundraising start-up Amount: $_____ Staff Initial: ___	*Must attached complete roster ___ Tournament Entry Fee's *50% of the team must be enrolled Lummi ___ 1x year jerseys or equipment ___ Fundraising start-up Amount: $_____ Staff Initial: ___	___ Food ___ Gas Cards (3x a year) ___ Lodging (1x per year) ___ Vehicle Request *driver must be LIBC Insurable Amount: $_____ Staff Initial: ___

REQUIRED DOCUMENTS | VENDOR INFORMATION

__ Copy of Event Flyer	__ Proof of registration __ Invoice	__ Receipt **must include debit card OR bank statement*
__ W-9 **needed to process payments*	Make Check Payable To: Mail Check: __ Y __ N	
__ Vehicle Request: Drivers Name *Cleared to Drive: Yes or NO Saff Initials_____		__ Team Roster *Parent signatures required for entry fee to be covered

TRAVELING INFORMATION REQUIRED

Dates of Travel: Departure: ____/____/____ Return: ____/____/____ __$50/full day _$25/travel day	Destination: Gas: __ 150 miles or less __ 150 miles or more	__ Hotel Confirmation *3 night max/$100 per night __ Return Receipt Date: _____

For official use only Date Received: Approved : Y or N Staff Initial