

## Activity Fund Request Form

To qualify for the Youth Activity Fund, you must meet all of the requirements outlined in the guidelines.

**SECTION I: PARENT OF THE CHILD OR CHILD MUST BE ENROLLED KBIC MEMBER AND MUST RESIDE IN BARAGA COUNTY OR ON THE MARQUETTE TRUST PROPERTY.**

(A copy of either the parent or child's enrollment card must be attached to the request)

Parent Name \_\_\_\_\_ Enrollment # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ Enrollment # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ Enrollment # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Who is the custodial parent? \_\_\_\_\_ Proof Provided:  YES  NO  
(If YES, provide copy w/request)

Requestors Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
(Requestor's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
(Custodial Parent/Guardian Signature Authorizing Requestor to Receive Payment  
If Requestor is not the custodial parent) \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
(Tribal Parent Signature Authorizing Requestor to Receive Payment  
if Requestor and/or Custodial parent is not a Tribal member) \_\_\_\_\_ (Date) \_\_\_\_\_