



BACK-TO-SCHOOL CLOTHING ASSISTANCE APPLICATION FOR SCHOOL YEAR 2024-2025

Applications can be accessed via the Kiowa Tribe website, requested by mail, or email at ss01@kiowatribe.org, or by visiting the Kiowa Tribe Complex or the Kiowa HHS Building between 8:00 a.m. - 4:30 p.m. Monday-Friday. Applications will be available from Monday, July 15, 2024 through Friday, August 30st, 2024 at 4:30 p.m. **The 2024 BTS Clothing Assistance Program officially ends August 30, 2024 and applications cannot be accepted after this date.**

Please be sure to have all required documents on hand when picking up Gift Cards.

What is needed for assistance?

Verification of Kiowa Enrollment: Kiowa enrollment card or Kiowa enrollment verification letter. A CDIB is not acceptable. The child must be an enrolled tribal citizen with the Kiowa Roll Number.

Verification of School Enrollment: Applications include a section for school verification and must be signed by school official. An enrollment letter from the school is also acceptable, if it is on official school letterhead and is signed by official such as Superintendent, Principal, Administration, JOM Coordinator, or School Counselor.

What can be purchased?

Gift cards can only be used for school clothing and shoes. We reserve the right to verify purchases through our retail vendor.

Who may apply? To mitigate confusion during the distribution process, **ONLY** Parents or Legal Guardians may apply/sign for Back-to-School Assistance. No other family member can apply, nor pick up for an eligible child, unless they have legal custody/guardianship and notarized written consent from the parent. **No exceptions.** The child must be an **enrolled** Kiowa citizen and enrolled for the 2024-25 academic year, ages 5-18 years old [must be 5 years on or before Sept 1st].

Back to school clothing assistance varies year to year and is based on available funds. It is not guaranteed. One application must be completed for each Kiowa-enrolled students ages 5-18 years old.

Each enrolled Kiowa Tribal Citizen, age 5-18 will receive one (1) \$200 JC Penny Gift Card.

**KIOWA TRIBE BACK-TO-SCHOOL CLOTHING ASSISTANCE
APPLICATION FOR SCHOOL YEAR 2024-2025**

PLEASE PRINT CLEARLY

Name of Parent/Guardian applying for assistance:

First Name: _____ Middle Initial: _____ Last Name: _____

Physical Address: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Is this address the same for the child listed below? Yes No Part-time

Child's Full Name: _____

Child's Kiowa Enrollment Number: _____

Child's DOB: _____ Child's Grade Level: (Fall 2024) _____ Number of siblings at home: _____

Child's coat size: Youth SM Youth MD Youth LG Youth XL Adult Size: _____

Child's shoe size: _____ Child's Age as of August 1, 2024: _____

On a scale of 1 to 5 please indicate how beneficial this service is to your family, with 5 being most beneficial. 1 2 3 4 5

In your opinion, should the Back-to-School Clothing Assistance program be continued in the future?

Please check one: Yes No Neutral

This statement certifies that all of the information that I submitted on this application is true. I grant permission for photography and/or videography of me and my child(ren) by participating in the Kiowa Tribe's Back-to-School Programs for the purpose of public relations, advertisement, and tribal program promotion. I am the parent or legal guardian of an enrolled Kiowa Tribe citizen, who resides in my household. I am responsible for the use of the gift card for its intended purpose. This assistance is intended to assist Kiowa Tribal households by providing support during the post-pandemic era, as well as the challenges of inflation. I agree with this statement and understand that applying under false pretenses or misuse of this assistance will result in a period of ineligibility for my household and will prevent me from receiving any further assistance from the Kiowa Tribe, and/or any of its affiliated programs.

Parent or Guardian Signature _____ **Date** _____

STAFF USE ONLY:

Verified By: _____

Kiowa Tribal Enrollment: [] DOB: []

