



**WINNEBAGO TRIBE OF NEBRASKA  
CLOTHING ALLOWANCE ADDRESS VERIFICATION FORM  
2019-2020sy**

**\$350**



**Distribution date: July 25, 2019 (Thursday) 8:30am-4:00pm Whirling Thunder Wellness Center**

“Clothing Allowance”, all minor tribal members enrolled in school and between the ages of 3 to 18 years old shall be eligible for the clothing allowance. “School” shall include preschool, primary, secondary and post-secondary educational institutions.

**Verification of school enrollment must be provided to the tribe for the 3-4 year olds and 9<sup>th</sup> grade - College. (Post -Secondary and educational institutions) Minor Member *has not reached the age of 18* and has not yet withdrawn his/her Winnebago Tribal Minor Trust Fund Monies.**

**MUST BE AN ENROLLED TRIBAL MEMBER BY DISTRIBUTION DATE!**

**MUST CLAIM BY OCTOBER 31, 2019**

Out of town, mail form to: Clothing Allowance  
**(NO FAXES)** P.O. Box 687  
Winnebago, NE 68071

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

ENROLLMENT NUMBER 383-U0 \_\_\_\_\_  
(Leave blank if unknown)



+Subject to applicable laws, the following fees apply to your Card:  
Inactivity Fee-Beginning in the 13<sup>th</sup> month of inactivity fee of \$2.50 will be accessed to your Card.  
Lost/Stolen Card Replacement fee:  
If your Card is lost or stolen, there will be a fee of \$15.00 to replace it.  
**\*You cannot access cash (at any time) from your Card Via an ATM or a Point of sale terminal.**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

MAILING ADDRESS (STREET, P.O. BOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL PHONE NUMBER: \_\_\_\_\_

Acceptable forms of Verification for the 2019-2020SY: 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 Issed/Mailed \_\_\_\_\_ Enrollment \_\_\_\_\_ Finance \_\_\_\_\_

