



WINNEBAGO TRIBE OF NEBRASKA
CLOTHING ALLOWANCE ADDRESS VERIFICATION FORM

2024-2025sy

\$350



All minor tribal members enrolled by June 30, 2024, and who are currently attending school and between the ages of 3 to 18 years old shall be eligible for the clothing allowance.

July 31st, 2024 (Wednesday)

9:00am-5:00pm

Blackhawk Community Center Gym

August 1st, 2024 (Thursday)

9:00am-5:00pm

Blackhawk Community Center Gym

REMEMBER verification of school enrollment **MUST BE provided** for all pre-school (3 & 4 yr. old), High School (9th -12th grade), and College (17 & 18 yr. old who **HAVE NOT** withdrawn his/her Tribal Minor Trust Fund monies).

ANY FORM THAT IS FAXED OR EMAILED WILL NOT BE ACCEPTED.
ALL CARDS MUST BE CLAIMED BY OCTOBER 31st, 2024.

Please mail forms to:
Winnebago Enrollment
1030 Buffalo Trail Suite #110
Winnebago, NE 68071



Subject to applicable laws, the following fees apply to your card. Inactivity Fee - Beginning the 13th month of inactivity a fee of \$2.50 will be applied to your card.

DO NOT MAIL FORM: IF YOU INTEND ON PICKING UP IN PERSON.

*You cannot access cash (at any time) from your Card Visa at ATM or a Point of sale terminal.

Once the card is picked up or mailed, the Winnebago Tribe of Nebraska is NOT responsible for it.

Please call the number provided by the card company for any tracking, reports of a card lost or stolen or any other questions pertaining to your individual Visa card.

NAME : _____ ENROLLMENT NUMBER:383-U0_____

DATE OF BIRTH: ____/____/____ AGE: _____ PHONE NUMBER:(____)____-_____

MAILING ADDRESS (STREET, P.O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____

!! LEGAL GUARDIANS MUST PROVIDE GUARDIANSHIP PAPERS !!

PRESCHOOL/ELEMENTARY/HIGHSCHOOL/POST SECONDARY EDUCATION INSTITUTION INFO:

SCHOOL NAME: _____

ADDRESS: _____

GRADE: _____ SCHOOL PHONE NUMBER:(____)____-_____

*Acceptable forms of Verification are the 2024-2025sy [Class registration](#), [Class schedule](#) or [School Letter](#).

**** NO PAST TRANSCRIPTS ****

Signature of Parent/Legal Guardian or Applicant (if under 18) **NOTARY PUBLIC:**

PRINT NAME: _____ SIGNATURE: _____

Sworn to and subscribed to before me this ____ day of _____, 20____.

(Seal)

Notary Signature

Expiration Date

*** For Office Use Only***

Gift Card#: _____ Pin#: _____ Date Received: _____ Date Mailed: _____ Enrollment: _____ Finance: _____