



Nooksack Indian Tribe Health and Wellness Fund

Winter (Jan-Mar) Spring (Apr-June) Summer (Jul-Sept) Fall (Oct-Dec)

In order to apply for the *Health and Wellness Fund*, please complete and return this form. You can return this form and the coach's confirmation VIA Email or Mail:

Email: jessica.kelly@nooksack-nsn.gov Mailing Address: P.O BOX 157 Deming, WA 98244

No FRAGMENTED applications will be reviewed or accepted

Student may only apply for **one sport / quarter**. The *Maximum Fund Per Student*: **\$300 can be used towards Registration.** If the registration is below said amount, **\$75 will be allocated for athletic Gear** in the form of a Purchase Order made to Vendors. NO Reimbursements will be issued. Organization Registration (Must indicate who to make check payable to) need to be Attached and submitted with Application.

REGISTRATION (\$300 MAX) ATHLETIC GEAR (\$75 MAX) Amount Requested: _____

Student Name: _____ Enrollment #: _____

Sport Participating in: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____ State, City, Zip: _____

Telephone: _____ Email Address: _____

Emergency Contact - Name/Number: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each quarter for services provided by the Nooksack Indian Tribe. I agree that if I quit or am released from the team for negative behavior, that I will not be allowed to apply for future team sports incentives.

Parent/Guardian Signature

Date

*******(For Education Department use only)*******

Date Received _____

Date Reviewed _____

APPROVED NOT APPROVED



Referral Date: _____

Student: _____
Name (First, Last) Date of Birth

Referred By: _____
Name & Occupation

Phone Number

Email Address

Street Address

CITY STATE ZIP CODE

Reasons for Referral:

Signature

Date



COACH'S CONFIRMATION

Winter (Jan-Mar) Spring (Apr-June) Summer (Jul-Sept) Fall (Oct-Dec)

**** Student must return this form with Health and Wellness application to receive assistance. ****

Student's Name: _____ School/organization: _____

Sport: _____

Level: Freshman Varsity J.Varsity Elementary Boy/Girls Club

Fees required for the team (Must attach invoice or letter with details on vendor information and total of costs)

Expenses		\$ _____
Equipment		\$ _____
Registration		\$ _____

My signature below verifies that this student is eligible and plays on the above mentioned team for the school or organization indicated above. I understand that I need to contact the Nooksack Education Department if the student is released from the team so that the student can be held responsible for incentives they received from the Nooksack Indian Tribe.

Coach's Printed Name

Team/Organization

Coach's Signature

Date

Coach's Email Address

Coach's Direct Telephone Number

Please attach registration fee or vendor information and anything about the program to the Education Department, Attention: Jessica Kelly. Email: jessica.kelly@nooksack-nsn.gov Mailing Address: P.O BOX 157 Deming, WA 98244