## BIG VALLEY TRIBAL ASSISTANCE APPLICATION \*2025 BACK-TO-SCHOOL ASSISTANCE\*

DATE:

Member Services: APPROVED:	DENIED:	INITIALS:
Member Signature:		Date:
Mombor Signature		Data
RECEIPTS HAVE NOT BEEN RECEIVED B 2025, THE FUNDS WILL BE DEDUCTED FI		
SEPTEMBER 30, 2025, AS PROOF OF PURCH	ASE OF ELIGIBLE ITEN	MS. I UNDERSTAND THAT IF
IN ACCEPTING THESE FUNDS FOR THE AB AGREE TO SUPPLY RECEIPTS TO THE BIG		· //
STATEMENT OF COOPERATION		
Mail check	or Hold Check	(Circle One)
Address:		
Name:	Phone #:	
MAKE CH	ECK PAYABLE TO	):
Name:	DOB:	Grade
Please list all eligible children in the ho	ousehold:	
Toiletries, and School Supplies.		•
\$250 per child. Children must be ages a back-to-school expenses, including, bu		•
The Big Valley Band of Pomo Indians'		