

NATIVE AMERICAN PARENT ADVISORY COMMITTEE SCHOLARSHIP/FUNDING REQUEST APPLICATION

To ensure that your application is reviewed and processed as quickly and accurately as possible, please read and follow these procedures and requirements as written.

Procedures:

- 1) Complete application i.e. Answer all questions on the application
- 2) Submit a trip itinerary or class flyer with this application form to ensure that all documents are available for review when application is reviewed.
- 3) Send completed applications to:
Kyrene NAPAC
c/o Kyrene Indian Education Program
8700 S Kyrene Road, #14
Tempe, AZ 85284
Or fax to: 480-541-1815

Necessary Requirements:

- 1) Be currently enrolled in the Kyrene School District (pre-K to 8th grade).
- 2) Must be registered with the Kyrene Indian Education program (506 form completed).
- 3) Provide a statement by the applicant/parent clearly stating why financial aid is needed, and signed by the applicant and parent/guardian.
- 4) Funds will be available for **academic based** requests only and only if NAPAC funds are available. Approved requests will be funded up to 50% of request for a maximum of \$150 per student per school year.

Applicant's Information:

Name:	Grade:	School:
Address:		
Parent/Guardian Name:		
Home phone:	Mobile Phone:	
Email Address:		
Amount Requested:	Purpose:	

Statement of Financial Need:

By accepting the NAPAC Scholarship for my child, I agree to participate in one NAPAC General Meeting **and** donate time and/or supplies to a NAPAC Fundraiser.

_____ Initial (Parent/Guardian)

If your child is in middle school, he/she also agrees to actively participate in the Native American Club if the club is available at his/her school. (Available at Akimel A-al, Aprende and Centennial Middle Schools)

_____ Initial (Parent/Guardian)

If you are requesting funds for a class trip, you agree to provide a short essay about the trip to NAPAC.

_____ Initial (Student)

Authorization:

I hereby authorize the Kyrene Native American Parent Advisory committee to request and obtain any further information it deems necessary.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

For District Office Use Only

The above have been reviewed by the Native American Parent Advisory Committee (NAPAC) board members and certified the applicant is:

Approved for the amount of \$ _____. Explanation if needed: _____

Not approved for funding for the following reason _____

NAPAC Board Member

Date

NAPAC Board Member

Date