



**Cheyenne and Arapaho Tribes - Department of Education (CADOE)
School Clothing Program 2010-2011**

Accepting applications from July 26, 2010 – October 29, 2010

**SCP Coordinator: Marshall Medicinebear- email mmedicinebear@c-a-tribes.org
Fax 405-422-8215 SCP Phone 405-422-7866**

PURPOSE: For the school year 2010-2011, the School Clothing Program (SCP) will provide supplemental funds in a **ONE (1) time disbursement** to all **approved Cheyenne-Arapaho tribally enrolled members** who are between the **ages 3 (by Sept. 1) and 17** (by 8/15/2010, Per Capita Adult verification date) and who are enrolled in Head Start through High School for the 2010-2011 academic school year.

AWARD AMOUNTS: Ages 3-9 will receive \$70.00 and/or \$100.00 if you returned your receipts from last year. Ages 10-17 will receive \$120.00 and/or \$150.00 if you returned your receipts from last year.

APPLICATION GUIDELINES:

- **Very Important:** *The parent/guardian name on the school clothing application MUST match the records from the tribal enrollment office. If the parent/guardian names do not match you will receive a letter informing you to update your child's custodial records with the tribal enrollment office. A check will not be sent unless this change has been verified by the tribal enrollment office. Tribal enrollment office number is 405-422-7600.*
- Funds will be awarded to those applicants who have submitted a COMPLETE application and SCP survey (1 survey per household).
- Applicants must be currently enrolled in Cheyenne and Arapaho Tribes at the time of the application. No pending tribal enrollment applications will be accepted.
- If the student is a new applicant to the SCP, a copy of the CDIB or tribal ID must be submitted with application.
- Children who will be turning 3 before September 1, 2010, and will also be enrolled in a Head Start/Pre-K program, should complete an application after they have turned three.
- All applications must be signed by a school official verifying enrollment.
- SCP check will be mailed **only** after the completed application is processed and approved by the SCP.
- All applications will be processed on a first-come-first-serve basis.
- Please allow up to two (2) weeks for processing **after** your completed application has been accepted.
- **All checks will be mailed to the address on the application.** No SCP checks will be available for pick up at the SCP office; absolutely no exceptions will be made.
- The Coordinator will be the primary contact for all questions, comments, and application requests. The SCP Coordinator will work with the Executive Director of the Department of Education to ensure fair and accurate administration of program funds. Any grievances will be held by the SCP Coordinator and Executive Director of Education.
- All SCP applicant information will be kept confidential.
- Parents/applicants must submit all original receipts to the SCP office by December 31, 2010. (or post marked by Dec. 31, 2010). Receipts for school clothing purchased before receiving SCP funds will be accepted, as long as the date is not before July 1, 2010. List the applicant's name and enrollment number on all receipts prior to submission.
- Applications can be mailed to: Cheyenne-Arapaho Tribes Education Department, C/O SCP, 1621 E. Hwy 66, Suite D, El Reno, OK 73036 **or** faxed to 405-422-8215 **or** you may submit the application personally to the Tribal Education Department in El Reno, OK.

**Cheyenne and Arapaho Tribes - Department of Education (CADOE)
School Clothing Program 2010-2011 Application**

**SECTION 1 TO BE
COMPLETED BY
PARENT/GUARDIAN**

C-A Tribal Enrollment #
2801A

Student/Child Name (As listed on CDIB) _____

D.O.B ____/____/____ AGE: _____ Participated in SCP last year: YES / NO

Parent/Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Contact #(____) _____

Email: _____

**SECTION 2 TO BE
COMPLETED BY SCHOOL**

Please complete only if student is officially enrolled in your school for the 2010-2011 School Year.

Grade level of student: _____

Name of School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ School Phone: (____) _____

I have verified that the student listed above is enrolled in our school for the 2010-2011 academic school year.

Signature of School Official **Date**

School Seal Here

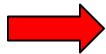
RIGHTS AND RESPONSIBILITIES

Parents/legal guardian acknowledges that the funds distributed through the SCP are solely for the purpose of purchasing school clothing for the applicant. The Parents/legal guardian understands that if the check is lost and unendorsed and is re-issued there will be a bank fee deducted from the re-issued check. If necessary, I give the SCP permission to obtain/verify my child's tribal enrollment number.

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (8 U.S.C., Section 1001).

I have read and understand the preceding Rights and Responsibilities, Notice Regarding False Statements, and the program guidelines. I verify that I am a custodial parent/legal guardian for the minor listed above or have been given permission to receive and spend the funds on behalf of the above named tribally enrolled student by the custodial parent/legal guardian.



Signature of Parent/Legal Guardian

Date

Office Purposes Only Check # _____ Amount _____ Date Mailed _____ Staff Initials _____

Cheyenne and Arapaho Department of Education
2010-2011 School Year Survey
To be Completed by Parent or Guardian – One Survey per Household

The information you provide on this survey is confidential. Please do not include your name or any personal information on the survey. The information gathered will be used for data collection only and will assist the Education Department in applying for grants related to the Educational needs of our tribal members. *This survey is a part of the school clothing application and must be completed in order to receive the school clothing funds.*

1. Please enter your Zip Code: _____ Age: _____

2. What is your relationship to the child(ren) you are requesting school clothing assistance for?
Mother____Father____Aunt____Uncle____Grandmother____Grandfather____Other_____

2. Are you a Cheyenne and Arapaho Tribal member? YES _____ NO _____
Member of another Tribe? YES _____ NO _____

3. Did you graduate from high school? If you received your GED please mark "NO" to this question: YES _____ NO _____

If you dropped out of High School please list the reason. _____

4. Did you receive a GED? YES _____ NO _____

5. What is the highest grade you *completed* in the public school system? _____

6. What education/training have you received after high school/GED?

Some Votech____ Degree or Certificate from a Votech____ Some college____
Associates Degree____ Bachelors Degree____ Masters Degree____ PhD____
None____ Other_____

7. Please rate your experience attending a public school?

Excellent____ Good____ Poor____ Other_____

8. How many persons currently live in your home? _____

9. Do you have a computer in your home? YES _____ NO _____

10. Do you have internet access in your home? YES _____ NO _____

11. Are you currently employed? YES _____ NO _____

- 12.. Do you own or lease a vehicle? YES _____ NO _____

13. Are you single parent? YES _____ NO _____

13. What is preventing you from fulfilling your educational goals? _____

*******PLEASE COMPLETE OTHER SIDE OF SURVEY*******

STUDENT INFORMATION

1. Did any of your children drop out of a public school in the past five years? YES____ NO____
If yes, how many? _____
2. Have you had problems with the school that your child attends that you felt were due to prejudice or racism? YES____ NO____
3. Please complete the following table with information pertaining to each child currently in school (**tribal members**). If possible, please get the student/child’s input on the following information.

<i>AGE</i>	<i>Male/ Female</i>	<i>Worst Subject in School</i>	<i>Favorite Sub in School</i>	<i>Do you like School?</i>	<i>Have you learned anything about your tribal history/culture in school?</i>
Example 8	Female	English	Math	Yes	No

4. Do you have any children (girls) under the age of 18 and pregnant? YES____NO____
If yes, at what age did she become pregnant? _____
5. Do you have any children (boys) under the age of 18 that have fathered a child? YES____NO____
6. Has your child experienced any problems pertaining to drug and alcohol use? YES____NO____
If yes, at what age did the problems begin? _____
7. Is there an absent parent in your children’s life? YES____ NO____
If so, is the absent parent a Mother____ Father _____
8. Are you the primary caregiver for children other than your own? YES ____NO ____

Thank you for answering the questions on this survey. While most of the questions seem very personal in nature, it is our goal to identify why a large number of our tribal students continue to drop out of the public school system. With this information we can use the data to apply for grants that will help address some of the issues that our tribal youth are facing and identify ways to help make their educational experiences more successful. Your cooperation is appreciated and the Cheyenne and Arapaho Tribes Education Department is committed to meeting the educational needs of tribal members of all ages. Thank you.

