## Birch Creek Tribal Council

	Child:
Parent/Guardian Full Name:	Grade: Age:
	Are your children enrolled to the Birch Creek Tribe? Y N
Primary Address:	Child:
	Grade: Age:
City:State:	Are your children enrolled to the Birch Creek Tribe? Y N
	Child:
Zip:	Grade: Age:
Home Phone:	Are your children enrolled to the Birch Creek Tribe? Y N
Cell Phone:	Child:
	Grade: Age:
Tribal Affiliation (check all that apply):	Are your children enrolled to the Birch Creek Tribe? Y N
Birch Creek Tribal Member	
Ak. Native or American Indian	List school supplies needed:
Not enrolled but a Birch Creek	
descendent	
Descended from?:	
Living Area: Rural Urban	
Employment Status:	
☐ Full-time ☐ Part-time	
☐ Unemployed ☐ Seasonal	
☐ Not in the labor market	
*Funding amount will up to the discretion of	
the Birch Creek Tribal Council and will depend on factors such as household info.,	
number of children, ages, and the number	
of applicants we receive.	