



Grand Traverse Band of Ottawa and Chippewa Indians
Tribal Youth Enrichment Program Request Form
GTBYouth@gtb-nsn.gov
FY 2025



Youth Name: _____ Tribal ID: _____

Youth Address: _____ County: _____

Date of Birth: _____ Age: _____

Parent/Guardian/Foster Name: _____

Email: _____

Telephone # _____ Cell Phone #: _____

Relationship to Youth: ☐ Custodial Parent ☐ Legal Guardian ☐ Foster Parent

Does the youth live with you? ☐ Yes ☐ No

Please provide a **description and/or supporting documents** for request (**Request will be denied if not completed**):

Reimbursement Amount (must provide receipts): _____

Gift card: ☐ \$125 (0-4 yrs old) ☐ \$175 (5-12 yrs old) ☐ \$200 (13-18 yrs old))

I hereby certify that all information given is true and correct. I understand that the information provided is to receive funds intended for the use of the youth mentioned above, and failure comply with program procedure may render the Parent/Guardian ineligible to obtain any financial requests from this program for the entirety of the current fiscal year.

Parent/Guardian Signature: _____ Date: _____

Program Contact Information:
Dana McClellan, 231.534.7356 Dana.McClellan@gtb-nsn.gov
GTBYouth@gtb-nsn.gov

Grand Traverse Band- Youth Services
Tribal Youth Enrichment Program (TYEP) Request Form
FY 2025

The Tribal Youth Enrichment Program (TYEP) is to offer a unique approach to meet the youth needs to access funds to assist with the cost of their choice. Funding can be used for a variety of purposes that may include but are not limited to cultural, education, sport and summer camp fees, music and dance lessons, class trips, or other appropriate needs. The desired outcome is to give the youth the opportunity to participate in activities that will enhance and support self-development. In addition, encouraging healthy involvement of acceptable healthy activities. The funds are available From Oct 1st -September 30th, 2025.

Distribution amounts, up to:

| | |
|-----------------|---------|
| 0-4 years old | = \$125 |
| 5-12 years old | = \$175 |
| 13-18 years old | = \$200 |

Program Requirements

PLEASE READ GUIDELINES CAREFULLY AND INITIAL EACH ITEM AS AGREEMENT TO COMPLY

- _____ Youth must be a GTB Tribal Member 0-18 years old residing within six-county service area at time of the request. 18-year-olds must be attending K-12 school.
- _____ Parent/Guardian/Foster Parent must complete a Tribal Youth Enrichment Program form.
- _____ Must provide a copy of the youth's tribal identification card.
- _____ Must attach documentation to support request or provide description (Flyer, Budget, etc).
- _____ Once request is received with appropriate documentation, **please allow 2 weeks for processing. Missing documentation could delay processing.**

----- Gift Card Request (skip if requesting reimbursement) -----

- _____ The TYEP may provide a gift card per child, per application, if the child has not received any previous support from TYEP during the current fiscal year.
- _____ Gift card purchases are restricted to the description or supporting documents provided on the TYEP application.
- _____ Gift cards are not to be used for purchases not intended for immediate use by the child, including but not limited to alcohol and tobacco products.
- _____ Misuse of the gift card(s) for unauthorized purchases may also result in a civil action against the parent/guardian to recover the full amount(s) issued on the gift card(s) received from this application.
- _____ Penalties may include, but are not limited to, costs and attorney fees, and may be recovered by wage garnishments, judgement liens, or tribal per capita withholding.
- _____ Gift card will not be reissued if lost or stolen. Lost or stolen gift cards cannot be replaced.
- _____ To receive the full amount of funds available the gift card must but spent out completely.
- _____ Any funds spent over the gift card amount will not be reimbursed.

I agree that I may be called upon to prove that I did not use this funding for unallowable expenses (i.e., alcohol, tobacco, luxurious items). I am the primary custodial parent/legal guardian of the child.

Parent/Legal Guardian Signature _____ Date _____