



The Saginaw Chippewa Indian Tribe Of Michigan

Member Services / At Large Program

7070 E Broadway Mt Pleasant, MI 48858 989-775-4944
989-775-4955 (FAX)
1-800-884-6271

Name of Tribal Youth/Adult: _____

Applicants age: _____ Members # : _____ Custodial Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone # _____

Program Name: _____ Program Phone # _____

Total cost of participation: _____ (attach receipt)

Total cost of air fare or total mileage to conference: _____ (attach receipt or address of location to prove mileage @ .54 cents a mile)

Total cost: _____

Applicant/Custodial Parent please Sign Here: _____

(Parent/custodial)

*****Please include all pertinent receipts, conference information, certification received for attending, and any other information you believe will confirm your fulfillment of the grant guidelines.

For Office use only _____

Approve or Deny **Amount:** _____

Youth Coordinator Signature _____

Supervisor Signature _____

Verified payment information: