The Saginaw Chippewa Indian Tribe of Michigan

Mno-shkiziwin Children's Supplement Payment Application

PRINT CLEARLY & COMPLETE IN FULL

Return to: Business Regulations, 7500 Soaring Eagle Blvd., Mt. Pleasant, MI 48858 - Questions, call 989-775-4175

*Name of Parent/Guardian		,			· N	M*SCIT Membership #	
		*Phone Number	*Phone Number		mber		
Assistance tax exempt	, upon oath according to : in lieu of Children's Per e children I am applying	Capita (aka TCWP); I	am respo	nsible to keep receipts	s for substantia	-	
My residence at	*Street Address			City	 State		
		Apartine	siic n	City	State	Σip	
My mailing address of	*Street Address	Apartme	 ent #	City	State	Zip	
My email is				@			
During the period of		to		. I provided	l at least 51% c	of the support f	
_	ember(s) of the Saginaw f the same time period			-	Byears of age a	ind physically	
Child's Full Name		Birthdate	_/	Social Security #	M _ sci	IT Membership #	
		1	,		М		
Child's Full Name		Birthdate		Social Security #		IT Membership #	
		/	/		М		
Child's Full Name		Birthdate		Social Security #	SCI	IT Membership #	
		/			M		
Child's Full Name		Birthdate		Social Security #	SCI	IT Membership #	
			_/		M		
Child's Full Name		Birthdate		Social Security #	SCI	IT Membership #	
		/	_/		M		
Child's Full Name		Birthdate		Social Security #	SCI	IT Membership #	
	MUST BE S	IGNED AND DATED IN THE	PRESENCE O	F A NOTARY PUBLIC			
Signature of Pare	ent/Guardian			Date			
STATE OF)						
COUNTY OF)ss.)						
Subscribed an	nd sworn to by			before me	on this	day of	
	·						
			Notary Public Signature				
			In and fo	or the State of			
				of			
				mission Expires on			
			Acting in			Coun	