



Eastern Band of Cherokee Indians

Tribal Enrollment Office

PO Box 2069

Cherokee, NC 28719

Toll Free #: (800)357-2771

Phone #: (828) 497-8110

Fax #: (828) 497-8199

APPLICATION FOR EARLY DISBURSEMENT FOR EDUCATIONAL OR HEALTHCARE NEEDS

Minors Participant Information

Name of Minor: _____ Enrollment #: _____

Social Security #: _____ Date of Birth: ____/____/____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Signature of Parent/Legal Guardian

Printed Name

Date

Early Distribution for Educational Needs or Educational Travel

Education Type:

Educational Costs:

School/Facility Information:

Handicap/Disabled

Tuition

\$ _____

Name: _____

Secondary School

Books

\$ _____

Address: _____

College

School Related Fees

\$ _____

Phone: (____) _____ - _____

Graduate School

Travel Fees

\$ _____

Contact Person: _____

Professional School **Total Amount of Educational Request** \$ _____

Educational Travel (complete reverse side of application for all travel/trips)

Early Distribution for Healthcare Needs

Healthcare Type:

Orthodontics (braces)

For Orthodontics, please submit treatment plan from orthodontist.

Emergency Medical

For all other medical, submit documentation from treating facility.

Other: _____

Total Amount of Healthcare Request \$ _____

NOTARY ACKNOWLEDGEMENT

State of: _____, County Of: _____, On this the _____ day of

_____, 20____, before me, _____, the undersigned Notary Public for

_____ County, personally appeared: _____.

____ Personally known to me; or ____ Proved to me on the basis of satisfactory evidence

To be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed

the same for the purposes therein stated.

Notary Public

Signature: _____

Printed Name: _____

Commission Expires: _____

seal/stamp here

FOR ENROLLMENT OFFICE ONLY

Received By: _____

Date Received: _____

W9 Date: _____

FOR FINANCE OFFICE ONLY

Reviewed By: _____

Date: _____