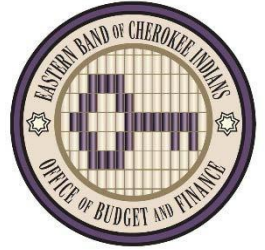




The Eastern Band of Cherokee Indians
Treasury Division – Office of Budget & Finance
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085
Application for Early Disbursement for Educational or Health Needs
EBCI Minors Trust Fund



Minors Participant Information

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone: (____) _____ - _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

 Signature of Parent/Legal Guardian Printed Name Date

Early Distribution for Education Needs or Educational Travel

Education Type: <input type="checkbox"/> Handicap/Disabled <input type="checkbox"/> Secondary School <input type="checkbox"/> Educational Travel <small>Please complete reverse side for Travel</small>	Education Costs: <input type="checkbox"/> Tuition \$ _____ <input type="checkbox"/> Books \$ _____ <input type="checkbox"/> Fees \$ _____ <input type="checkbox"/> Travel Fees \$ _____	School/Facility Information: Name: _____ Address: _____ Phone: (____) _____ - _____ Contact Person: _____
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Total Amount of Education Request: \$ _____

Early Distribution for Healthcare Needs

Orthodontics (braces) *For orthodontics, please submit full 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 _____ 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 on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated. (SEAL)

 Signature of Notary Printed Name of Notary My Commission Expires

Additional Application for Educational Travel

This portion of the application should be used for all minors who are requesting an early disbursement for travel, events, or activities. Travel must be for the educational or personal development of the minor. Early disbursement funds may be used only for the participating minor and for the purposes stated in the application. All information must be complete and accurate. You must submit additional information, including copies of all travel cost information, to justify the amount of your request.

Cost of enrollment or participation for trip, event, or activity	a.	\$ _____
Airfare & associated costs, baggage fees, etc.	b.	\$ _____
Trip insurance	c.	\$ _____
Total Cost of Trip (add together lines a, b &c)	d.	\$ _____
Total amount contributed by Parent and/or fundraising	e.	\$ _____
Total amount of Request (subtract line e from line d)	f.	\$ _____

Finance Use Only:
 PerDiem Amount if requested:
 \$ _____
 Total Request Amount:
 \$ _____
 Initials: _____

- Please check here if you would like to request funds for meals and incidental expenses.
 Meals & Incidental expenses are calculated using per diem rates provided by US Dept. of State or GSA.
- Please check here if using a touring/travel company. Name of Company: _____

EBCI MINORS & INCOMPETENTS EARLY DISBURSEMENT POLICY GUIDELINES

1. Application Process: To be eligible for an early disbursement from the Minor’s Fund, the minor’s parent or legal guardian must submit an Early Disbursement Application to the EBCI Tribal Enrollment Office, with supporting documents by the following deadlines: March 31 (for June 1 Check), June 30 (for September 1 check), September 30 (for December 1 check), and December 31 (for March 1 check). All applications are reviewed and discussed by the Investment Committee within 30 days of the quarter end date to be considered for approval. Additional information may be requested, and the applicant will be notified if their application was approved or denied. Supporting documents must be included with applications and may include but not limited to a detailed cost breakdown, itineraries for education trips, doctor’s statement, medical opinion or record, etc.

2. Use of Funds: Approved funds must be used for the purpose requested in the application. If there is a refund or approved funds are not used, the amount must be returned to the Treasury Office to credit the funds back to the individual minor’s account. If funds are used for purpose other than what is stated, the Committee will not consider any further early disbursement requests from the parent or guardian. A parent or legal guardian cannot be reimbursed from the Minor’s Fund for expenses incurred by the minor.

3. Taxes: All early disbursements are taxable. The Treasury Office is required to issue a 1099 for any disbursement more than \$600.00. The minor’s parent/legal guardian will be responsible for the payment of all taxes related to the disbursement.

4. Education Needs: (a) Funds may be approved for fees associated with attending a secondary school. Secondary School shall include intermediate boarding schools or private schools between grade levels of 9 to 12. These schools must be accredited according to the type of institutional purpose they serve, such as technical, vocational, or college preparatory curriculum. (b) Disbursements may also be requested for school sanctioned or sponsored educational events, such as trips or activities that may benefit a student’s academic growth and personal development. Acceptable requests include (for the requesting minor ONLY): (a) Travel costs including lodging, airfare, and transportation, (b) Insurance costs, (c) Any other fees deemed necessary by the school or travel companies coordinating the trip. (c) Minors with documented learning disability or a handicap requiring specialized training or education in academic or non-academic schools/programs, including tutoring. Documentation of the handicap is required from a physician, school, or program and must be submitted with the original application. (d) Funding Limits: The Investment Committee may approve 50% of the total cost for attendance at a secondary school, as related to educational needs. This amount shall not exceed \$6,000. The Investment Committee may approve one (1) funding request per calendar year. The Investment Committee may approve one request per minor for educational travel costs related to school sanctioned or sponsored educational events, trips, or activities. This amount shall not exceed \$6,000. Minors will only be approved for one (1) educational travel request while their funds are held in the Minor’s Trust. The committee will require a post-event report from the minor outlining what they have learned and how they will use this knowledge in their academic endeavors, as well as any secondary school or college credit received. Students are encouraged to engage in fundraising activities before requesting the early disbursement. (e) All applications for the requests will be reviewed by the Investment Committee. Any additional expertise from qualified professionals may be requested by the Investment Committee should the need arise.

5. Healthcare Needs: (a) The Investment Committee may approve requests for health purposes not to exceed \$7,500.00 from the minor’s individual account. (b) The Investment Committee may approve requests greater than \$7,500.00 in circumstances where other funding is not available. This approval may only be granted by unanimous decision of the Investment Committee. (c) Eligibility Requirements: i. For minors with an urgent, unmet, and life-threatening health care need where other resources, personal or Tribal, are not available. ii. For minors with a severe handicap or who are terminally ill and may not reach the age of 18. iii. For minors in need of orthodontic treatment or equipment where other resources, personal or Tribal, are not available iv. All requests MUST include specific health information from medical personnel supporting the need. (d) All applications and documentation will be reviewed by the Investment Committee. Medical personnel or other qualified professionals may be called upon by the Investment Committee for further review.



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 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085
Application for Early Disbursement Direct Deposit Agreement
EBCI Minors Trust Fund *Revised 7/1/2021*



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF MINORS TRUST FUND DISBURSEMENT
****OPTIONAL****

NAME: _____

I hereby authorize EASTERN BAND OF CHEROKEE INDIANS to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Checking

Savings

Bank Name: _____ **Bank Address:** _____

City: _____ **State:** _____ **Zip:** _____

Account Name: _____

Routing Number: _____ **Account Number:** _____

Please attach a VOID check or a letter from your financial institution.

FOR HOUSING, HEALTHCARE OR EDUCATION APPLICATIONS

WIRE & DELIVERY INSTRUCTIONS

Receiving Institution ABA #: _____

Receiving Institution: _____

Beneficiary Name: _____

Beneficiary Instructions: _____

FFC: _____

By filling out this form, you accept that you are voluntarily enrolling in direct deposit for your Minors Trust Fund payment. You are responsible for keeping your bank account open. Any changes to your bank account may result in a late payment. The bank account for direct deposit must include the applicant's name.