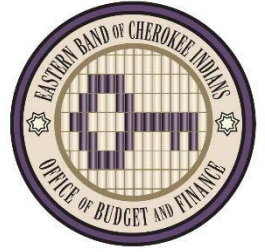




The Eastern Band of Cherokee Indians  
**Treasury Division – Office of Budget & Finance**  
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085  
**Application for Early Disbursement for Educational or Health Needs**  
**EBCI Minors Trust Fund**



**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**

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

**Total Amount of Education Request: \$ \_\_\_\_\_**

*You must provide an itemized bill from the school/facility with this application. An education disbursement is available for secondary school only.*

**Early Distribution for Healthcare Needs**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Orthodontics (braces)<br><input type="checkbox"/> Emergency Medical<br><input type="checkbox"/> Other: _____ | <i>For orthodontics, please submit full treatment plan from orthodontist</i><br><i>For all other medical, submit documentation from treating facility.</i> | <b>Total Amount of Healthcare Request: \$ _____</b> |
|---|--|---|

**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.        | \$ _____        |
| <b>Total amount of Request (subtract line e from line d)</b>     | <b>f.</b> | <b>\$ _____</b> |

**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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**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 VOIDED check or a letter from your financial institution. This form is considered incomplete without the verification document.

**FOR HOUSING, HEALTHCARE OR EDUCATION APPLICATIONS**

**WIRE & DELIVERY INSTRUCTIONS**

**Receiving Institution ABA #:** \_\_\_\_\_

**Receiving Institution Account #:** \_\_\_\_\_

**Receiving Institution Name:** \_\_\_\_\_

**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.

**Deadlines are March 31, paid in June; June 30, paid in September;  
 September 30, paid in December; and December 31, paid in March.**

**\*\*Payments are not issued with Per Capita payments and come from Charles Schwab Bank. Minors Trust Fund payments are guaranteed by the 15th of the month.\*\***