

Oklahoma Indian Missionary Conference
 NATIVE AMERICAN CHILDREN'S FUND (NACF)
2023 SCHOOL AID APPLICATION
ALL QUESTIONS MUST BE ANSWERED

NAME OF STUDENT	AGE	GRADE	TRIBE(S)

(Attach copy of CDIB or Tribal Enrollment)

Household Address: _____

_____ Email Address: _____

Contact phone number for parent or guardian: _____

Local Church: _____ Region: Central ___ NE ___ SE ___ SW ___

Student is living with (Circle One): Parent(s) Grandparent(s) Guardian(s)

(Print Name of Parent(s), Grandparent(s), or Guardian(s) of Student (If Guardian must attach proof of Guardianship)

Total Number of persons in household: _____

Name(s) of persons in Household who are employed:

1. _____ 3. _____

2. _____ 4. _____

If not employed, give source of income: ___ AFDC ___ Unemployment ___ Other

If other, please describe: _____

Total Monthly Income from **ALL** sources for Household: \$ _____

(Attach Proof of Income from all incomes, REQUIRED)

Signature of Parent(s), Grandparent(s) or Guardian of Student
(NACF check will be made out to this signature)**

Date

Signature of School Official	Date	(School Seal)
Student is attending this school system: YES ___ NO ___		
Name of School: _____ Phone #: _____		

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This section to be completed by Pastor:

Student is Active in our Church: YES ___ NO ___

How is student active in the church? (Explain) _____

 Signature of OIMC Pastor/District Superintendent

 Date

 Signature of Local Church Lay Leader or Board Chair

 Date

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AMOUNT APPROVED BY COLCM \$ _____ (For Conference Use Only)

Signature of COLCM Chairperson: _____ Date: _____