



SISSETON WAHPETON OYATE

OFFICE OF THE TRIBAL SECRETARY

Youth Sponsorship Application



Return to Office of the Tribal Secretary

Office Use Only

Completed App Budget Documentation

Date Rec. Rec. By

Application (Please Print)

Group Medical
 Individual

Applicant Name: _____ Date: _____

Parent/Gaurdian: _____

Mailing Address: _____

Primary Phone: _____ SWO District: _____

Group Name (If Applicable): _____

Amount Raised: _____ **(Must provide desposit slip)**

Have you received a sponsorship before? If so, when? _____

Please attach a letter of request or use the following space to tell us why you are requesting this match:

I, the below signed, attest the information provided on this application is true and correct. I understand that providing false information will jeopardize my eligibility for sponsorship.

Applicant Signature

Date

Office Use Only

Approved Denied reason: _____

Date processed: _____ Date notified: _____