NEW APPLICANTS

REQUIRED PHONE NUMBER:_____

CHEYENNE RIVER SIOUX TRIBE SUPPORT SERVICES
2025 WINTER SCHOOL CLOTHING GRANT APPLICATION

Parent/Guardian/Student:_____**DOB:**_____
Address:_____**CRU:**_____
Marital Status:_____**Spouse:**_____**CRU:**_____
Total number in Household:_____

STUDENT NAME:	CRU:	GRADE:	CUSTODY	SCHOOL NAME:	School Initials
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____
_____	#:_____	_____	Y/N	_____	_____

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I, hereby authorize the Cheyenne River Sioux Tribe Support Services to obtain any necessary information to support our eligibility for assistance.

_____ _____
Applicant Signature **Date**

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