

San Pasqual Band of Diegueño Mission Indians of California

Check One: **Education** **Sports Donation Request**

Tribal Member Name: _____ Enrollment # _____

Beneficiary: _____ (indicate lineal relationship of
tribe member to beneficiary): _____ DOB: ____ / ____ / ____

Purpose of
Donation: _____

Name of Program _____

Provider: _____

Amount of Donation Request: \$ _____

Amount cannot exceed \$750.00 per calendar year.

Has the beneficiary received more than the stated maximum amounts in the past 12 months? _____

Education Donation: APPLICANTS NO AGE LIMIT.

PROOF OF EDUCATION PARTICIPATION WHEN REQUESTING REIMBURSEMENT.

Terms: Application may be made by tribal members only or the Business Committee or SPBMI Tribal Administration in lieu of a living tribal member. Applicant certifies by his/her signature below that the sports donation shall be used for the individual(s) and for the purpose(s) indicated. If, after audit or inquiry, it is determined that such is not the case, the applicant agrees to reimburse the tribe for the amount of the donations made under this request, which shall be paid via voluntary per capita withholding in the next per capita disbursement. Applicant makes an irrevocable assignment of per capita in the amount of donations made under this request, which shall be executed via voluntary per capita withholding as stated in the preceding sentence. The irrevocable assignment shall be withdrawn if the donation is used for the individual(s) and for the purpose(s) indicated.

Sports Donation: APPLICANTS 26 YEARS OF AGE OR YOUNGER MAY APPLY.

PROOF OF SPORT PARTICIPATION WHEN REQUESTING REIMBURSEMENT.

Sports donations shall only be made as financial assistance for participation in organized sports fees paid for seasonal sports (no more than 4 months of consecutive participation) may be paid for the entire season in one request. Non-seasonal sports fees may be paid on a monthly basis. *Gym and all other fitness membership fees shall be excluded from the sports donation program until further notice.*

Reimbursement request must be within ninety (90) days of original receipt. If paid by bank cards, prepaid cards, or check, copies of bank statements must be attached to verify transaction has cleared.

Reimbursement may be made upon receipt, and proof of payment (which shall include separate verification by the finance department of the fact of payment and qualification for donation prior to disbursement). Please allow 7 to 10 business days after the date of your properly completed donation request.

Signature: (individual taking custody of check): _____

Tribal Member Signature: _____ Date: ____ / ____ / ____

Telephone: (Tribal Member): (_____) _____ - _____

Name: (requesting individual): _____ Date: ____ / ____ / ____

Telephone: (requesting individual): (_____) _____ - _____ Date: ____ / ____ / ____