



**Native Tribe of Kanatak**

P.O. Box 876822 Wasilla, AK 99687 Office: 907-357-5991

Fax: 907-357-5992 Toll Free Fax: 855-KANATAK

Email to: kanataktribe@rocketmail.com or tessmcgowan@ymail.com

**Youth Activity Program**

**Purpose:** The Purpose of this program is to encourage our Tribal Youth to participate in organized fun and learning activities that will enrich their lives. The Youth Activity Program can pay for or assist with paying Youth Activities such as, but not limited to:

- Cultural Dance/Performance Groups
- Sports Programs
- Summer Camps/Weekend Camps
- Boy/Girl Scouts
- Music Lessons
- Purchase/Rental of Musical Instrument for Band
- Boys/Girls Clubs Activities
- After School Activity Programs/Clubs
- Church Activities
- Other Kanatak Tribal Council approved **organized activities**

*\*School tuition is not an eligible activity*

**Requirements:**

- Enrolled Kanatak Tribal Member
- 18 years of age or younger
- Must be enrolled in school (Elementary/Middle/High)
- Agree to actively participate for the duration of the activity applied for
- Must supply a copy of the completed application for the Activity and a Kanatak Youth Activity Program Application

\* All payments are made directly to the organization. If the activity is ongoing, payments will be made monthly. Verification of participation in the ongoing activity is required.

*\*Maximum benefit for equipment/uniform is \$75 per activity*

**Please complete Kanatak Youth Activity Application on the next page.**



**Native Tribe Of Kanatak Youth Activity Program Application**

Mail to: Native Tribe of Kanatak P.O. Box 876822 Wasilla, AK 99687

Or email to: kanataktribe@rocketmail.com or tessmcgowan@gmail.com

Or fax to: 907-357-5992 Toll Free Fax: 855-KANATAK

Today's date: \_\_\_\_\_

<b>Youth's Name:</b>	<b>Date of Birth:</b>
<b>Street Address:</b>	<b>State:</b>
<b>City:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Parent/Guardian Name:</b>	<b>Phone:</b>
<b>Activity:</b>	<b>Cost:</b> (Specify if Monthly or 1 time fee)
<b>Date Activity Begins:</b>	<b>Date Ends:</b>
<b>Organization Name:</b>	<b>Organization Phone:</b>
<b>Address To Mail Payment:</b> (Must be paid to organization)	<b>Website:</b> (If payment can be paid online)

**\*Copy of the Organization Application along with this application is required.**

***\*Request will not be honored unless this is received.***

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_