



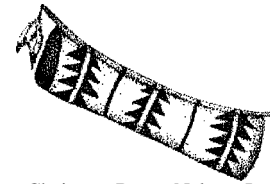
# HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe

Post Office Box 1348 Hoopa, California 95546

PH (530) 625-4211 • FX (530) 625-4594

www.hoopa-nsn.gov



Chairman Byron Nelson, Jr.

## 2020 Hoopa Valley Tribe COVID-19 Education Assistance Eligibility Form

The Hoopa Valley Tribal Council allocated \$300,000 of the CARES Act Funding allotted to the Hoopa Valley Tribe for Educational Assistance Stipends (\$300) for all HVT enrolled children under the age of 18 who have experienced COVID-19 related hardships between March and December 2020. Please complete this form and return it to the HVT Education Department via email at hoopaedoffice@gmail.com, by mail at P.O. Box 428, Hoopa, CA 95546, or utilizing the Hoopa Tribal Education Drop Box located at 47 Orchard St. Hoopa, CA. This form is required and will be used for internal use of the Hoopa Valley Tribe.

Name (Custodial Parent/ Legal Guardian): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Enrollment No. (if Applicable): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Eligible Hoopa Valley Tribal Members Under the Age of 18

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrolled School/Child Care Center (if Applicable): \_\_\_\_\_ City, State: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrolled School/Child Care Center (if Applicable): \_\_\_\_\_ City, State: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrolled School/Child Care Center (if Applicable): \_\_\_\_\_ City, State: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrolled School/Child Care Center (if Applicable): \_\_\_\_\_ City, State: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrolled School/Child Care Center (if Applicable): \_\_\_\_\_ City, State: \_\_\_\_\_ Grade: \_\_\_\_\_

**For additional Legal Dependents, please submit an additional sheet as an attachment.**

**If you, someone in your household, or your legal dependents have been impacted by the COVID-19 Pandemic, please indicate all of the impacts that have caused genuine financial hardship in your household (check all that apply):**

<input type="checkbox"/>	Unable to work or experiencing financial hardship due to loss of childcare/ school closures caused by COVID-19.
<input type="checkbox"/>	Required to access (or has lost access to) educational services through distance/online learning, hybrid learning, reduced class sizes, or other schooling/child care closures or changes and requirements due to COVID-19.
<input type="checkbox"/>	Experienced/experiencing increased educational/child care related costs (i.e. increased internet/data use, need for technology devices, educational supplies not provided by schools, increased meal/food costs, etc.) due to COVID-19.
<input type="checkbox"/>	Someone in household has/is experiencing financial hardship due to Shelter In Place Orders or Closures (i.e. difficulty accessing healthy foods, difficulty paying essential bills/expenses/items, etc.) due to COVID-19.

I certify that the foregoing is true, correct, and that listed minors live in my household. I hereby accept this receipt of COVID-19 Education Assistance and I will use this assistance to supplement basic expenses and needs due to the financial hardship as a direct result of COVID-19. Further, this funding will be utilized specifically for educational and child care related expenses, including but not limited to: technology/school supplies for in home/distance learning (including internet/data fees), cultural activities/enrichment, or increased child care costs and essential needs for my minor child/children. By my signature below, I declare that all of the above statements are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_