



SOBOBA BAND OF LUISEÑO INDIANS

P.O. Box 487, San Jacinto, CA 92581 * 951.654.2765

REQUEST FOR YOUTH ACTIVITY FEES

This is a reimbursement program for parents/legal guardians of enrolled Soboba Tribal Member children that are in good standing with the Soboba Tribe. Each child is eligible to receive up to \$250 per calendar year for school supplies and extra-curricular youth activities. **Allowable school expenses include** Classroom Supplies, bus pass, school uniform, electronics (laptop, calculator, and iPad), and college application fees. **Allowable youth activities expenses include:** registration fees, equipment, activity uniforms (sports, band, etc.), and lessons (music, swimming, etc.).

Parent/Legal Guardian Name: _____

Mailing Address: _____

Cell #: _____ Email: _____

REIMBURSEMENT FEE INFORMATION					
Youth Full Name	Roll #	School	Activity	Requested Amount	Description

Make check payable to: _____
Name and Address

Check one: Mail Pick-up

All original receipts must be attached. Request will not be processed without receipts. Allow 14 business days to process. Please indicate how you would like to receive notification when check is ready: Phone Email

I understand that my child must be an enrolled Soboba Tribal Member and I must be in good standing with the Soboba Tribe, to qualify for this program. I additionally understand that the actual cost will be reimbursed only to the maximum amount of \$250 per child/per calendar year. I further understand the 14-day check process, provided all applicable receipts are attached.

Parent/Legal Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

VERIFICATION

Enrolled Member Yes ___ No ___

Receipt(s) Attached Yes ___ No ___

ADMINISTRATIVE APPROVAL

Approved Staff Initials: _____

Approved Amount: _____

Denied Reason for Denial: _____