

**COQUILLE INDIAN TRIBE
EDUCATION DEPARTMENT
APPLICATION FOR YOUTH MERIT FUNDS**

NAME _____ AGE _____ GRADE LEVEL _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____ PHONE NO. _____

SCHOOL ATTENDING : _____

INVITATIONAL EVENT: _____
(Attach Documentation of Event)

DATE(S) OF EVENT: _____ LOCATION: _____

HOW TO YOU PLAN TO GET THERE: _____

WHERE WILL YOU BE STAYING: _____

WHAT IS THE ESTIMATED COST OF THIS TRIP: \$ _____

HOW MUCH IS ALREADY COVERED WITHOUT ASSISTANCE: \$ _____

WHAT IS THE MINIMUM AMOUNT THAT WOULD HELP: \$ _____

WILL YOU BE ACCOMPANIED BY A PARENT/GUARDIAN, COACH OR INSTRUCTOR?

____ YES ____ NO NAME: _____

PLEASE EXPLAIN WHY YOU HAVE BEEN INVITED/OR HOW YOU WON THE OPPORTUNITY TO TRAVEL TO THIS EVENT (IF NEEDED, USE ADDITIONAL PAGE FOR EXPLANATION)
