

**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)

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