

APPLICATION TRIBAL WELLNESS SUPPORT

The Village of Solomon strongly promotes family preservation and culturally relevant activities for tribally enrolled citizens of the Tribe. Please provide the following information in order to be considered for reimbursement. Please submit receipts to tc.sol@kawerak.org

First & Last Name: _____ Tribal Enrollment # _____
Current Mailing Address: _____
Contact Phone Number: _____ Email _____

Please circle the item that was purchased:

- a. Rec Center gym pass
- b. Swimming Passes
- c. NSHC Camp department related fees: _____ (please list what it was for)
- d. Sports fees & Supplies
- e. Cultural related Courses offered by NWC (Nome only)

Amount of reimbursement requesting: \$\$ _____

By signing below, I understand that if this application is approved, my check will be issued during normal every other Friday check issuance and then mailed to the address provided above. No hand deliveries, no exceptions.

_____ Date: _____